BIRTH RECORD
REGISTRATION
& CORRECTION
NO. 2

Alexander, Dice Curtis	regis.	9
Arnold, Verne Everett	"	73 - 608
Adams, Pearl Roosevelt	"	151
Anderson, Ethel Pauline	"	355
Amine, Florence Mae	"	393
Allen, Estella	"	425
Allemang, John David	"	469

B

Bailey. Charles Joshua,	registration	15
Bruerd, Lemuel Edward	"	75
Black, Marie Alice	"	81
Bruerd, Frank L. - correction	B. R.	76-b
Beaw, Minnie M.	" " "	76-b
Bell, Lowell	registration	93
Bennett, Alfred Starr.	" of B.	99
Brian Francis Rudolph:	reg. "	107
Braun, Edna Cleo		123
Bolenbaugh, Esther Viola	"	127
Blue, Edna Estella	"	155
Blumenshine, Frank Hanson	"	177
Baker, Archie Ralph	"	187
Black, William Edward	"	199
Bailey, Robert Claude	"	197
Butler, Ernest Clifton	"	217
Boyd, William Loud-		613
Burkepile, Jacob Bryant	"	253
Beckley, Lucretia Corwin	"	287
Burneys, Margaret Maude -	corr.	328
Boyds, Marcell Wendell -	regis.	337
Brown, Arnold	"	353
Burnham, Carson Whiteley -	corr.	629
Bailey, Katherine Louise -	regis.	397
Brown, Hazel Ruth	"	423
Baker, Roscoe Lynn	"	429
Brose, Herbert Eric	"	431
Bumgartners, Mary Cles	"	477
Brown, Mose	"	483
Burnham Simeon F -	Regis.	491
Beard, Alice Elizabeth	Reg.	515
Blake, Bertha Amanda		525
Bozart, Hillard Lee	Reg. of Birth	541-542
Betsch, Harold Aubrey	Reg. of Birth	559-560
Barry, Richard Lee	Reg of Birth	561-562
Bligandine, Fay Arthur	Reg of Birth	579-580

C

Cooley, James Ernal, regis.		3
Crites, James Edward,	"	21
Cole, Dano Cicero	"	61
Crandell, David Miller	"	89
Collier, Paul Eugene	"	97
Cody, Maurice Louis	" of B.	101
Cassiday, Richard Fiman	" " "	113
Cassiday, Stella Malinda	" " "	115
Curtis, Glen Corydon	" " "	205
Connally, Walter Curtis	" " "	213
Clark, Edward Murray	" " "	281-621-623
Chapman, Gladys.	" " "	303
Chapman, Dora Grace	" " "	305
Cody, Francis Morris	" " "	325
Coder, Mary Louise	" " -	395
Craig, Bessie	" " "	409
Conklin, Joseph William	" " "	421
Campbell, Stanton Wilmont	" "	563-564
Clemans, Janet Louise	Reg. of Birth	571-572
Clarridge, Charles LeRoy	Reg. of Birth	583-586

D

Daniels, Ralph Emerson, regis.	7	
Daniels, George "	25	
Daelp, Christoph Louis "	87	
Draper, Mabel Ruth "	129	
Douglas, Isadore Lester "	221	
Davis, Ozias Samuel Peter "	349	
Dunfee, Floyd James - correction	627	
De Wees, John Garfield - regis.	319	
Dunn, Bertha Cornelia - "	413	
Draper, Dana Bernard "	453	
Dean, Robert Lee - Reg of Birth	513-514	
DeHood, Roy Kenneth Reg of Birth	545-546	
Donovan, Henry Ray Reg of Birth	555-556	
Donovan, Verla Ruth - Reg of Birth	567-568.	

E

Engle, Eleanor R. of D.		159
Ebright, LeRoy Jennings, Regis.		211
Elliott, Ruth Delno	"	273
Erwin, Perry Virgil	"	317
Ebright, Mary Magdalene	"	341
Evans, Morton E	"	351
Ellis, Earl Wade	"	415
Erwin, Roland Edward	"	435
ELLINWOOD, TRUMAN GEORGE	"	531

F

Felkner, Leo Fay	registration	79
Firestone, Floyd Elburn	"	95-603
Fields, Elta Ewert -	correction	76-C
Foreman, Walter Ivan -	registration	145
Fox, Fred Arthur	"	153
Fox, Margaret Theresa	"	181
Foreman, Eva May	"	267
Fletcher, James Henry	"	331
Figley, Clyde Malcolm	"	367
Feenan, Alda Estella	"	375

G

Grauman, William	registration	19
Gallant. Carl Ray	"	27
Gunderman, William	correction	34
Gibson, Herbert Earl	registration	31
Griffith, Ray Irven.	"	43
Guy, Carroll Edwin	"	219
Gorton, Earl M	"	261
Gannon, Nora Lerina	"	279
Gardner, Ruth Hazel	"	363
GRAYBILL, MILDRED UNDINE		380
Garrins, Lydia E.	correction	630
Green, Bertha Isabel	"	630
Gibson, Frank Howard	- registration	407
Gordon, James Orlen	"	417
Gray. Madeline	"	439
Green, Orley	"	499
Gibson, Roy	Registration	505

H

Hamilton, John Thomas, reg.		37
Hensley, Lottie Opal	"	39
Hamilton, Lemuel Lutrell	"	45
Hay, Florence Estella	"	59
Henderson, Robert Miller	"	133
Hancock, Harold Schmelzer	"	141-609
Hill, Burl Brinner	"	147
Hoskins, Freda Amy	"	169
Hodge, Ethel L	"	191
Hornbeck, Frances Wesley	"	195
Herriott, Gerald Prentis	"	209
Howard, Riley	"	215
Hill, Fred Stoddard	"	225
Harry, Walter		231
Hyland, Harold Eugene	"	335
Harris, Mary Alice	"	347
Holtsberry, Bertha Lore	"	361
Hawley, Rutherford Allen	"	371
Hamilton, Martin Floyd	"	375
Hines Ira Paulene	"	381
Hamilton, Edna Ruth	"	391
Herd, Clifford LeRoy	"	405
Harney, Hannah Khira	"	437
Hock, Williams Lewis	"	449
Hendrickson, Frank Leo	"	479
Hamilton, Clara Alice	"	521-522

I

Jaggers, Paul Wesley	regis.	165
Jackson, Daniel Thurman	"	223
Jaggers, Gladys Josephine	"	239
Jenkins, Cloa Mae	"	291
Jolliff, Lula May	"	387
~~Jerews, Jerald Walter~~	~~Reg.~~	~~493~~
~~Jerews, Mapine Elizabeth~~	~~Reg.~~	~~495~~

J

Kilfian, John	Registration	30	
Kipker, Elmer Elsworth	"	41	
Kellin, Allen Marvin	"	53	
Kline, Earl Bruce	"	54	
Klinefelter, George Alexander	"	143	
Kimball, Virden Clay	"	313	-625
Kilgore, Mary Christine	"	329	
Kirby, Harold Richard	"	365	
Keckley, Arthur Harrod	"	443	

K

	Laird, Francis Willard, reg.		1
SEE VOL 3	Leazenbee, Grover Cleveland	"	67
PAGE 246	Lash, William Edward	"	77
	Lavender, Martha Gladys	"	139
	Lake, Estelle Blanche	"	201
	Lake, Lawrence Wheeler	"	301
	Leeper, Grace Lucille	"	455
	Lacy, Lowellyn Madeline	"	459
	La Dow, Ruby Dell Reg		501
	Longberry, Thelma Irene		549
	Laymaster, Jay Frank		577

Myers, Thomas Michal,	reg.	11
Myers, Asa Stephens	"	13
Maybee, Fred Harmon,	dep. on reg.	601
Mathys, Philip M.	reg.	137
Mulligan, James Isadore	"	163
Minor, Leonard Taylor	"	185
Marsh, Wilma Dale	"	233
Monsour, Jared Theodore	" of B	241
MOYER, HENRIETTA		243
Miller, William Alonzo	- reg.	269
Miller, Edwin Lewis		275
Monson, Granville Miller	"	297
Moyer, Jay Griffith	"	299
Morris, Eli Joseph	"	311
Millington, Charles Augustus	"	323
Mills, Carrie Fern	"	487
Moore, Frank Willis	"	489
Miller, Florence Alleyne Romine		547
Moore, Ila Merrel Levona	Reg of Birth -	565-566 -

M

Mac Coy, Virginia registration 17
Mc Daniels, Irvin S. " 35
Mc Entire, John Clarence " 109
Mc Keever, Lee Ray " 173
Mc Kitrick, Clark Beach " 207
Mc Pherson, James Henry " 237
Mc Camey, Oline Ruth " 265
Mc Cracken, Thomas Kenneth " 357
Mc Kitrick, William Rhu " 441
Mc Allister, Robert Maxwell " 485
Mc Aloud, Rhena Margaret Correction - 524-
Mc Adow, Hazel Mae Registration 539
Mc Mahon, Marydale Reg. of Birth 551-552

Mc

Noteman, Kenneth Gardner, regis.		111
Norris, Esther Marie	"	389
Neill, Nellie Pauline	"	451

Ormeroid, Herbert Leutull - reg.		55
Oman, Glenn Emerson	"	229

O

Patterson, Louis	reg. of birth	83
Poling, Virgil E	" " "	183
Phillips, Calla Grace	" "	227
Pritchard, Rose Fern	" "	257
Plotner, James Rea	" " "	271
Phelps, John Wesley	" " "	283
Phelps, Jennie Delilah	" " "	339
Palmer, Harry Earl	" " "	343
Printz, Payton Alonzo	" "	385
Pitts, Gladys Veda	corr. " "	630
Perry, Margaret Ellen	- registration	401
Patch, Lewis Irwin	"	445
Peters, Charles Henry	"	457
Patch, Jasamine, Ethel	"	519
Parish, Pearl Meeker	Reg. of Birth	569

P

Q

Ridgeway, Joseph Thomas reg. 167
Robbins, Walter Jesse - Corr. 76-c
Rogers, Juanita Myrtle - reg. 247
Reed, Vina Ellen " 263
Randall, Nellie " 289
Rockenbaugh, Helen Marie " 309
Roush, Raymond Charles - corr. 629
Rea, Sara Loreta - registration 433
ROBERTSON, WILLIAM OLIVER " 447
Rupright, Emma Barbara " 461
Rains, Emma Jane " 481
Ross, Lillian Louise " 503
Roberts, Florence Eilene Reg of Birth 517-518
Roseberry, Ethel May. Reg of Birth 527-528
Roseberry, Nye Otho Reg. of Birth 533-534
Robinson, Ernest Bertrude Reg of Birth -543-544-

R

Sanderson, Lula Mae - regis.		49
Smith, Stanley Pierce	"	69
Shoemaker, William Robert	"	71
Schleppi, Arthur Pearl	"	65
Shirk, Harold W. Correction - B.R.		76A
Spillman, Phoebe Ann. regis.		119
Smart. Asa Robert	"	121
Sherwood, Charles Leroy	"	131
Slack, Russell Vivian	"	157
Sherwood, Wm. H.	r. of B.	161
Starkey, Floyd Russell. regis.		171
Scott. Harris Winfield	"	179
Simpson, Neil McCormick	"	189
Stanford, Thelma Mae	"	203
Spain, Dana Thomas	"	235
Sager, Howard Manley	"	245 - 617
Spain, Henry Wilbern	"	251
Simpson, James A	"	277
Schertzer, Edward Earl - corr.		627
Staley, Hazel Irene - reg.		285
Schreck, John Frederick	"	293
Shirk, Tom George	"	295
Sidle, George Elmo - correction		628
Spain, Mat - registration		345
Smith, Helen Lucile	"	349
Stewart, Audrey Berniece	"	369
Stickell, Charles Byron	"	383
Snodgrass, James Marion	"	399
Spurling, May	"	403
SPEES, CLARENCE MONROE	"	411
Sanders, Anna Pearl	"	463
Snider, Mazil	"	465
Shear, Lewis Dana	"	473
Streng, Robert Adam William	Reg. of Birth	535-536
Stillings, Terry Wetherell	Reg of Birth	553-554
Scheiderer, Beverly Sue	Reg. of Birth	557-558
Shanks, Charlotte Elizabeth	Reg of Birth	587-588
Sparks, Florence Vivian	Reg of Birth	589
Schurch, Leah Helen	Regis.	593
Seigman, Blanche -	Reg. of Birth	595

S

Taylor, Aaron Joseph, reg. 5
Tobey. William Nolan " 23
Thompson, Bry Delmore " 63
Tanner, Frank F. reg. of B. 85
Turney, Wm. Watts " " " 103
Thompson, Everett Leslie " " " 135
Thomas, Stanley " " " 259
Tropp. Joyce Arline " " " 307
Teets, Wilbur " " " 321
Thomas, Chester Allen - conection 628
Temple, Lily Rebecca - regestation 377
Tallman, Jessie May - Reg of Birth 507
Tallman, Anna Maude " " " 509

T

U

Vestal, Rolland E.	conection - B.R.	76-A
Vanskiver, Maude M.	reg. of B	193

Winget. Howard LeRoy - reg.	47
Wilcox, Lloyd Allan - reg. of birth	51
Winters, Wilbert M. - cov. B. R.	76-b
Winkle, John registration	91
Wade, David Eldon "	117
Wilgus. June La Von "	125
Willseth, Ernest Franklin "	149
Webb, Owen Albert "	175
Worthington, Scott LeRoy "	255
Wasserbeck, Mary Esther "	315
Wilson, William Edward "	359
Wibley, Anna Maebelle "	373
Walke, Carrie Belle "	427
Weaner, Celia Joanne "	471
Wilson, Calvin Richard Reg of Birth	529-530
Wright, Helen Irene Reg of Birth	575-576
Wiley, Charles Coe. Reg of Birth -	581-582-
Wade, Lula Jane Reg. of Birth	591

W

X

Yoder, Orlando Buell - regis.	419

Y

Zwerner, Laura Anna registration 333

Zieg. Elizabeth Louise Registration - 537-538-

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Francis Willard Laird

Case No. A-227

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Lancaster ~~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
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 25 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Milford Center
(d) Street No.

3. Full name of child Laird Francis Willard

4. Date of birth Feb 28, 1904

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Laird Willard
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Fisher Elsie
16. Color or race white 17. Age at time of this birth 25 yrs.
18. Birthplace Milford Center, 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? none
(c) How many children were born dead? one

22. Attending Physician or Midwife:
Name B. E. Baker,
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.*

Francis Willard 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.*

Francis Willard Laird
Applicant.

P. O. Address Lancaster, Ohio. R. R. 3

Sworn to before me and signed in my presence this 29 *day of* April, *19* 42

John W. Dailey,
Probate Judge

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

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

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

P. O. Address .....

Attending Physician.

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

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

I, Williard Laird, 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.*

his
Willard Laird
mark

P. O. Address Marysville, 3

Sworn to before me and signed in my presence this 29 *day of* April, *19* 42

John W. Dailey
Probate Judge

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

I, Elsie Laird, 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.*

Elsie Laird

P. O. Address Marysville, 3

Sworn to before me and signed in my presence this 29 *day of* April, *19* 42

John W. Dailey, Probate judge

Probate Court, Union County, Ohio

April 29, *19* 42

In the Matter of the registration of the birth

of Francis Willard Laird

Case No A 227

ORDER FOR HEARING

This day Franc s Willard Laird *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 Commissioner to be present at the taking of the testimony and the services of a Master Commissioner are necessary; and this cause is continued.~~

(Seal)

John W. Dailey
Probate Judge.

2

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

In the Matter of the
REGISTRATION OF BIRTH
of Francis Willard Laird

April 29, *19* 42

Case No. A- 227

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Francis Willard 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 Willard Laird and Elsie Laird, 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)
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution In this community 25 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Milford Center
(d) Street No.

3. Full name of child Laird Francis Willard

4. Date of birth Feb 28, 1904

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Laird Willard
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Fisher Elsie
16. Color or race white 17. Age at time of this birth 25 yrs.
18. Birthplace Milford Center, 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? none
(c) How many children were born dead? one

22. Attending Physician or Midwife:
Name B. E. Baker
Address Milford Center, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

....., 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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of James Ermal Cooley

Case No. A- 228

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville, *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
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 21 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) York Twp
(d) Street No.

3. Full name of child Cooley James Ermal

4. Date of birth 7/10/1902

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Cooley Donnan Roy
10. Color or race white 11. Age at time of this birth 19 yrs.
12. Birthplace York Center Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Creviston Sylvia
16. Color or race white 17. Age at time of this birth 21 yrs.
18. Birthplace Union County, 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. C.L. Thompson
Address York 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.*

James Ermal Cooley
Applicant.

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.

James Ermal Cooley
Applicant.

P. O. Address Marysville, O. RFD#1

Sworn to before me and signed in my presence this 1st *day of* May 1st., *19* 42

William L. Coleman
Notary Public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

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

P. O. Address .....
Attending Physician.

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

.....

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

I, Donnan Roy Cooley 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.*

Donnan Roy Cooley

P. O. Address RFD#1 West Mansfield, Ohio

Sworn to before me and signed in my presence this 1st *day of* May, *19* 42.

William L. Coleman
Notary Public

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

I, Sylvia Creviston Cooley, 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.*

Sylvia Creviston Cooley

P. O. Address RFD#1 W., Mansfield, Ohio

Sworn to before me and signed in my presence this 1st *day of* May, *19* 42.

William L. Coleman
Notary Public

Probate Court, Union County, Ohio

May 1st, *19* 42

In the Matter of the The Registration of Birth

of James Ermal Cooley

Case No. A-228

ORDER FOR HEARING

This day James Ermal Cooley *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 Master Commissioner to take sworn testimony in said application if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

May 1st, *19* 42

In the Matter of the
REGISTRATION OF BIRTH
of James Ermal Cooley

Case No. A-228

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of James Ermal Cooley *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 Donnan Roy Cooley and Sylvia Creviston Cooley, 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
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 21yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Tork Township
(d) Street No.

3. Full name of child Cooley James Ermal

4. Date of birth 7/10/1902

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Cooley Donnan Roy
10. Color or race white 11. Age at time of this birth 19 yrs.
12. Birthplace Union County,
13. Usual occupation farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Creviston Sylvia
16. Color or race white 17. Age at time of this birth 21 yrs.
18. Birthplace Union County, 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. C. L. Thompson
Address York Center, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., *19*.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Aaron Joseph Taylor

Case No. A-230

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marshall, Michigan *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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 27 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Washington Township
(d) Street No.

3. Full name of child Taylor Aaron Joseph

4. Date of birth Nov. 14, 1900

5. Sex: M.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Taylor, Abraham
10. Color or race white 11. Age at time of this birth 40 yrs.
12. Birthplace Vernon County, Wisconsin
13. Usual occupation common laborer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Hildreth, Eliza
16. Color or race white 17. Age at time of this birth 27 yrs.
18. Birthplace Union County, 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? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name none
Address
M. D., midwife, or other midwife

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 registrationof his birth *as provided by law.*

Aaron Joseph 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.*

Aaron Joseph Taylor
Applicant.

P. O. Address 850 West Hanover St. Marshall, Mich.

Sworn to before me and signed in my presence this 30 *day of* April, 1942.

Clifton L. Caryl
Notary Public, Union County, Ohio

(Seal)

AFFIDAVIT

Probate Court, County, Ohio

In the Matter of the

of

The State of Ohio, County, ss:

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

P. O. Address

Attending Physician.

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

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

I, Abraham 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.*

Abraham his X mark Taylor

P. O. Address Mt. Victory, Ohio

Sworn to before me and signed in my presence this 30 *day of* April, 19 42.

Witness: Clifton L. Caryl
Mildred L. Fladt

Carrie W. Hornbeck
Deputy

(Seal)

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

I, Eliza 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.*

Eliza Taylor

P. O. Address Mt. Victory, Ohio

Sworn to before me and signed in my presence this 30 *day of* April, 19 42.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of Aaron Joseph Taylor

April 30, 19 42.

Case No. A-230

ORDER FOR HEARING

This day Aaron Joseph 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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

(Seal)

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

April 30, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of Aaron Joseph Taylor

Case No. A-230

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Aaron Joseph 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 Abraham Taylor and Eliza 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) Washington Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 27 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Washington Township
(d) Street No.

3. Full name of child Taylor Aaron Joseph

4. Date of birth Nov. 14, 1900

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Taylor, Abraham
10. Color or race white 11. Age at time of this birth 40 yrs.
12. Birthplace Vernon County, Wisconsin
13. Usual occupation common laborer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Hildreth, Eliza
16. Color or race white 17. Age at time of this birth 27 yrs.
18. Birthplace Union County, 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? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name none
Address
M. D., midwife, or other midwife

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Ralph Emerson Daniels

Case No. A-231

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Village of Richwood, Ohio ~~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
(c) Name of hospital or institution: At home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 10 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) York
(d) Street No. .....

3. Full name of child Daniels Ralph Emerson

4. Date of birth July 1, 1897

5. Sex: Male

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

7. Number months of pregnancy nine

8. Mother married? yes

FATHER OF CHILD

9. Full name Daniels, Joseph Henry
10. Color or race white 11. Age at time of this birth 42 yrs.
12. Birthplace Marion, Ohio
13. Usual occupation farmer
14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Markley, Effie Lucinda
16. Color or race white 17. Age at time of this birth 38 yrs.
18. Birthplace Marion, 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? 5
(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. Taylor. Deceased
Address Broadway, 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.*

Ralph Emerson Daniels
Applicant.

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 Daniels
Applicant.

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 30th *day of* April, *19* 42

Starling Dixon
(Seal) Notary Public, Union County, Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

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

I, S. D. Boyd, *do hereby certify that 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. D. Boyd

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 1st *day of* May, *19* 42.

John W. Dailey
(Seal) Probate Judge

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

I, W. W. Daniels, *do hereby certify that 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. W. Daniels

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 1st *day of* May, *19* 42.

John W. Dailey
(Seal) Probate Judge

Probate Court, Union County, Ohio

May 1, *19* 42

In the Matter of the Registration of Birth

of Ralph Emerson Daniels

Case No. A-231

ORDER FOR HEARING

This day Ralph Emerson Daniels *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 ~~XXXXXXXXXX~~ *be and hereby is appointed Master Commissioner to take such testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

May 1, *19* 42

In the Matter of the
REGISTRATION OF BIRTH
of Ralph Emerson Daniels

Case No. A-231

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Ralph Emerson Daniels *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. W. Daniels and S. D. Boyd, 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
(c) Name of hospital or institution: At home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 10 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) York
(d) Street No.

3. Full name of child Daniels Ralph Emerson

4. Date of birth July 1, 1897

5. Sex: Male

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

7. Number months of pregnancy nine

8. Mother married? yes

FATHER OF CHILD
9. Full name Daniels, Joseph Henry
10. Color or race white 11. Age at time of this birth 42 yrs.
12. Birthplace Marion, Ohio
13. Usual occupation farmer
14. Industry or business farming

MOTHER OF CHILD
15. Full maiden name Markley, Effie Lucinda
16. Color or race white 17. Age at time of this birth 38 yrs.
18. Birthplace Marion, 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? 5
(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. Taylor, Deceased
Address Broadway, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., *19*.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Dice Curtis Alexander

Case No. A- 232

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* ..... *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) Pharisburg
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 1 yr.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Pharisburg
(d) Street No.

3. Full name of child Alexander Dice Curtis

4. Date of birth Sept. 21, 1889

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Alexander Robert Curtis
10. Color or race white 11. Age at time of this birth 40 yrs.
12. Birthplace Holmes Couty, Ohio
13. Usual occupation Physician
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Lewis Anna Cook
16. Color or race white 17. Age at time of this birth 32 yrs.
18. Birthplace Lewis Center, 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 Robert C. Alexander, M.D.
Address Pharisburg, 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 reisgration of his birth, *as provided by law.*

Dice Curtis 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 he *verily believes.*

Dice Curtis Alexander
Applicant.
P. O. Address 2746 North Third Street Cuyahoga Falls, Ohio

Sworn to before me and signed in my presence this 1st *day of* May, 1942.

Wm. R. Cameron
Notary Public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of .....

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

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

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*.....

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Dice Curtis Alexander

May 1st, 19 42

Case No. A-232

ORDER FOR HEARING

This day Dice Curtis Alexander *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

May 1st, 1942

In the Matter of the
REGISTRATION OF BIRTH
of Dice Curtis Alexander

Case No. A-232

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Dice Curtis Alexander *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* clear and convincing 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) Pharisburg
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 1 yr

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Pharisburg
(d) Street No.

3. Full name of child Alexander Dice Curtis
4. Date of birth Sept. 21, 1889
5. Sex: M
6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Alexander Robert Curtis
10. Color or race white 11. Age at time of this birth 40 yrs.
12. Birthplace Holmes County Ohio
13. Usual occupation Physician
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Lewis Anna Cook
16. Color or race white 17. Age at time of this birth 32 yrs.
18. Birthplace Lewis Center, 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? 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 Robert Curtis Alexander M. D.
Address Pharisburg, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., *19*.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Thomas Michal Myers

Case No. A-235

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville, Ohio *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 Paris
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 22 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville, Paris Twp
(d) Street No.

3. Full name of child Myers Thomas Michal

4. Date of birth Feb. 19, 1893

5. Sex: M

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Myers Philip
10. Color or race white 11. Age at time of this birth 33 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Machinist
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Mills Myrtle
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Licking County 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. L. Henderson
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.*

Thomas Michal 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.*

Thomas Michal Myers
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 27th *day of* April, *19* 42.

William L. Coleman
Notary Public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

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

P. O. Address .....
Attending Physician.

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

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

I, Myrtle Myers Crist 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 Crist (Myers)

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 27th *day of* April, *19* 42.

Wm. L. Coleman
Notary Public

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 Marysville, Ohio

Sworn to before me and signed in my presence this 27 *day of* April, *19* 42.

WM. L. Coleman
Notary Public

Probate Court, Union County, Ohio

May 2nd, *19* 42.

In the Matter of the Registration of the Birth

of Thomas Michal Myers

Case No. A-235 ✓

ORDER FOR HEARING

This day Thomas Michal 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 Master Commissioner to take sworn testimony in said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

May 2, *19* 42

In the Matter of the

REGISTRATION OF BIRTH

of Thomas Michal Myers

Case No. A-235

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Thomas Michal 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 Myrtle Myers and Arthur Gibson, 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) Marysville Paris
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 22 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville, Paris
(d) Street No.

3. Full name of child Myers Thomas Michal

4. Date of birth 2/19/1893

5. Sex: M

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Myers Philip
10. Color or race white 11. Age at time of this birth 33 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation machinist
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Mills, Myrtle
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Licking County, 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. L. Henderson
Address Marysville, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., *19*.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-11—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Asa Sthepens Myers

Case No. A-236

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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 24

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Paris
(d) Street No.

3. Full name of child Myers Asa Sthepens

4. Date of birth Oct. 13, 1895

5. Sex: M

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Myers Philip
10. Color or race white 11. Age at time of this birth 35 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation machinist
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Mills Myrtle
16. Color or race White 17. Age at time of this birth 24 yrs.
18. Birthplace Licking County, 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. Henderson
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 the birth *as provided by law.*

Asa Sthepens 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.*

Asa Sthepens Myers
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2 *day of* May, *19* 42.

(Seal)

Wm. L. Coleman
Notary Public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

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

P. O. Address .....

Attending Physician.

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

(Seal)

.....

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

I, Myrtle Myers Crist, 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 Crist

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* May, *19* 42.

(Seal)

Wm. L. Coleman
Notary Public

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 Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* May, *19* 42.

(Seal)

Wm. L. Coleman
Notary Public

Probate Court, Union County, Ohio

May 2nd, *19* 42.

In the Matter of the Registration of the Birth

of Asa Sthepens Myers

Case No. A 236

ORDER FOR HEARING

This day Asa Sthepens 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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

(Seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

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

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

May 2nd, *19* 42

In the Matter of the
REGISTRATION OF BIRTH
of Asa Sthepens Myers

Case No. A-236

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Asa Sthepens 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 Myrtle Myers 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) Paris
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 24 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Paris
(d) Street No.

3. Full name of child Myers Asa Sthepens

4. Date of birth Oct.13,1895

5. Sex: M

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Myers Philip
10. Color or race white 11. Age at time of this birth 35 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Mills Myrtle
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace Licking County, 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? 1
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Henderson
Address Marysville, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Charles Joshua Bailey

Case No. A-238

APPLICATION

Your applicant respectfully represents that he *was born in* Franklin *County, Ohio; that* he *now resides in* 267 West 8th St. Marysville *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
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 1 yr.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Franklin
(c) Columbus
(d) Street No. .....

3. Full name of child Bailey Charles Joshua
4. Date of birth July 21, 1915
5. Sex: male
6. Twin or triplet no If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Bailey, Charles Clyde
10. Color or race white 11. Age at time of this birth 31 yrs.
12. Birthplace Cambridge, Ohio
13. Usual occupation laborer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Emrick, Lillian Mae
16. Color or race white 17. Age at time of this birth 26 yrs.
18. Birthplace Columbus, 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? 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 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 the registration of his birth *as provided by law.*

Charles Joshua Bailey
Applicant.

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 Joshua Bailey
Applicant.

P. O. Address 267 W. 8th St. Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* May, *19* 42.

Alnet Mayer
(Seal) Alnet Mayer, Notary Public

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the .....

of .....

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

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

P. O. Address .....

Attending Physician.

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

.....

.....

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

I, Lillian Mae Bailey, 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.*

Lillian Mae Bailey

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* May, *19* 42.

Carrie W. Hornbeck
(Seal) Deputy

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

I, Bertha Moore, 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.*

Bertha Moore

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* May, *19* 42

Carrie W. Hornbeck
Deputy

Probate Court, Union **County, Ohio**

May 2, *19* 42

In the Matter of the registration of the birth

of Charles Joshua Bailey

Case No. A-238

ORDER FOR HEARING

This day Charles Joshua Bailey *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~~ ~~appointed Master Commissioner to take testimony on said application, if the services of a Master Commissioner are necessary and this case is continued.~~ ~~be and hereby is~~

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

May 2, *19* 42

In the Matter of the

REGISTRATION OF BIRTH

of Charles Joshua Bailey

Case No. A-238

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Charles Joshua Bailey *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* Lillian M.Bailey, mother of the applicant, and Bertha Moore, a friend, 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 Franklin
(b) Columbus
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution none In this community 1 yr.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Franklin
(c) Columbus
(d) Street No.

3. Full name of child Bailey, Charles Joshua

4. Date of birth July 21, 1915

5. Sex: male

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

7. Number months of pregnancy 9 mo

8. Mother married? yes

FATHER OF CHILD

9. Full name Bailey, Charles Clyde
10. Color or race white 11. Age at time of this birth 31 yrs.
12. Birthplace Cambridge Ohio
13. Usual occupation laborer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Emrick, Lillian Mae
16. Color or race white 17. Age at time of this birth 26 yrs.
18. Birthplace Columbus 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? 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 unknown
Address
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., *19*.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Virginia Frances MacCoy

Case No. A-239

APPLICATION

Your applicant respectfully represents that she *was born in* Lucas *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 Lucas
(b) Sylvania
(c) Name of hospital or institution: Whiteford road
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 2 years

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Lucas
(c) Sylvania
(d) Street No. Whiteford Road

3. Full name of child MacCoy Virginia Frances

4. Date of birth Nov. 23, 1918

5. Sex: Female

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name MacCoy Charles Walter
10. Color or race white 11. Age at time of this birth 36 yrs.
12. Birthplace Sterling, New York
13. Usual occupation printer
14. Industry or business printing

MOTHER OF CHILD
15. Full maiden name Brown Flora May
16. Color or race white 17. Age at time of this birth 31 yrs.
18. Birthplace Syracuse, New York.
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. Brown
Address Trilby, Ohio
M. D., midwife, or other .....

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.*

Virginia Frances MacCoy
Applicant.

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.*

Virginia Frances MacCoy
Applicant.

P. O. Address 211 N. Court, Marysville, Ohio

Sworn to before me and signed in my presence this 9th *day of* May, 1942.

Undine Dailey
Court Deputy

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Flora Brown MacCoy 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.*

Flora B. MacCoy

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 9th *day of* May, *19* 42

Undine Dailey
Deputy

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

I, Jane Brown Salter, 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.*

Jane B. Salter

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 9th *day of* May, *19* 42

Undine Dailey
Deputy

Probate Court, Union County, Ohio

May 9, *19* 42

In the Matter of the Registration of birth

of Virginia Frances MacCoy

Case No. A-239

ORDER FOR HEARING

This day Virginia Frances MacCoy *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

May 9th, *19* 42

In the Matter of the
REGISTRATION OF BIRTH
of Virginia Frances MacCoy

Case No. A-239

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Virginia Frances MacCoy *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 Flora Brown MacCoy and Jane Brown Salter, 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 Lucas
(b) Sylvania
(c) Name of hospital or institution: Whiteford Road
(d) Mother's stay before delivery:
In hospital or institution..... In this community 2 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Lucas
(c) Sylvania
(d) Street No. Whiteford Road

3. Full name of child MacCoy Virginia Frances
4. Date of birth November 23,1918
5. Sex: F.
6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name MacCoy Charles Walter
10. Color or race white 11. Age at time of this birth 36 yrs.
12. Birthplace Sterling, New York
13. Usual occupation printer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Brown Flora May
16. Color or race white 17. Age at time of this birth 31 yrs.
18. Birthplace Syracuse, New York
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. Brown
Address Trilby, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., *19*.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of William Grauman

Case No. A-240

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
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville Paris
(d) Street No. 626 E. 4th St.

3. Full name of child Grauman William

4. Date of birth Jan. 12, 1900

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Grauman, John William
10. Color or race white 11. Age at time of this birth 44 yrs.
12. Birthplace Columbus, Ohio
13. Usual occupation carpenter
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Shaw, Martha Elizabeth
16. Color or race white 17. Age at time of this birth 33 yrs.
18. Birthplace Taylor Township, Union County, 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? 5
(b) 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. D. W. Henderson
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 birth *as provided by law.*

William Grauman
Applicant.

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 Grauman
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 4 *day of* May, *19*42.

William L. Coleman
(Seal) Notary Public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

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

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

P. O. Address ..... *Attending Physician.*

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

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

I, Martha E. Fry, 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.*

Martha E. Fry

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 4th *day of* May, *19*42.

(Seal) William L. Coleman
Notary Public

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

I, Eva Bowersmith, 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.*

Eva Bowersmith

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 4th *day of* May, *19*42.

(Seal) William L. Coleman
Notary Public

Probate Court, Union County, Ohio

May 4, *19*42

In the Matter of the registration of birth

of William Grauman

Case No. A-240

ORDER FOR HEARING

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

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

It is further ordered by The Court that ~~XXXX

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

May 4, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of William Grauman

Case No. A-240

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of William Grauman *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 Bowersmith and Martha E Fry, 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
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community life

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No. 626 E. 4th St.

3. Full name of child Grauman, William

4. Date of birth Jan.12,1900

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Grauman, William John
10. Color or race white 11. Age at time of this birth 44 yrs.
12. Birthplace Columbus, Franklin County, Ohio
13. Usual occupation carpenter
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Shaw, Martha Elizabeth
16. Color or race white 17. Age at time of this birth 33 yrs.
18. Birthplace Taylor Township, Union County, 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? 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. D. W. Henderson
Address Marysville, Ohio
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of James Edward Crites

Case No. A-241

APPLICATION

Your applicant respectfully represents that he *was born in* Ross *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 Ross
(b) Wayne Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 31 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Ross
(c) Wayne Township
(d) Street No.

3. Full name of child Crites James Edward

4. Date of birth Aug. 25, 1880

5. Sex: M.

6. Twin or triplet none If so—born 1st, 2nd, or 3d single

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Crites, Jacob
10. Color or race white 11. Age at time of this birth 37 yrs.
12. Birthplace Ross County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Pinwell, Eliza
16. Color or race white 17. Age at time of this birth 31 yrs.
18. Birthplace Ross County, 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? 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
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 the registration of his birth *as provided by law.*

James Edward Crites
Applicant.

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 Edward Crites
Applicant.

P. O. Address 733 N. Maple St. Marysville, Ohio

Sworn to before me and signed in my presence this 4 *day of* May, *19* 42.

Clifton L. Caryl
(Seal) Notary Public, Union County, Ohio

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the

of

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

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

P. O. Address .....
Attending Physician.

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

(Seal)

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

I, Mrs. Emma 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.*

Emma Coder

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 4 *day of* May, *19* 42.

Carrie W. Hornbeck
(Seal) Deputy

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

I, Mrs. Mary Wolford, 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 Wolford

P. O. Address RFD #, Marysville, Ohio

Sworn to before me and signed in my presence this 4 *day of* May, *19* 42.

Carrie W. Hornbeck
(Seal) Deputy

Probate Court, Union **County, Ohio**

May 4, *19* 42

In the Matter of the registration of birth

of James Edward Crites

Case No. A-241 ✓

ORDER FOR HEARING

This day James Edward Crites *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 ~~he hereby is~~ ~~appointed Master Commissioner to take sworn testimony in said application, if the services of a Master Commissioner are necessary, and this cause is continued.~~

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

May 4, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of James Edward Crites

Case No. A-241

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of James Edward Crites *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. Emma Coder and Mrs. R. A. Wolford, 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 Ross
(b) Wayne Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 31 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Ross
(c) Wayne Township
(d) Street No.

3. Full name of child Crites James Edward

4. Date of birth Aug. 25, 1880

5. Sex: M.

6. Twin or triplet none; If so—born 1st, 2nd, or 3d single

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Crites, Jacob
10. Color or race white 11. Age at time of this birth 37 yrs.
12. Birthplace Ross County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Pinwell, Eliza
16. Color or race white 17. Age at time of this birth 31 yrs.
18. Birthplace Ross County, 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? 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 unknown
Address
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of William Nolan Tobey

Case No. A-242

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Lyle Drive, R.#2, Sharon, ~~County, Ohio~~, 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) York Township
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 10 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) York Township
(d) Street No.

3. Full name of child Tobey William Nolan

4. Date of birth Jan. 6, 1905

5. Sex: M.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Robey, Edward J.
10. Color or race white 11. Age at time of this birth 35 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Nolan, Catherine
16. Color or race white 17. Age at time of this birth 33 yrs.
18. Birthplace Columbus, 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? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. C. L. Thompson
Address York Township, 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.*

William Nolan 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.*

William Nolan Tobey
Applicant.

P. O. Address Lyle Drive, R#2, Sharon, Pa.

Sworn to before me and signed in my presence this 6th *day of* May, *19* 42

William L. Coleman
Notary Public, Union Co. Ohio. Com. exp. Aug. 17th, 1942

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

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

I, Edward J. Tobey, 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 J. Tobey

P. O. Address York Center, Ohio

Sworn to before me and signed in my presence this 6th *day of* May, *19* 42

Carrie W. Hornbeck
Deputy

(Seal)

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

I, James Leonard Hornbeck, 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.*

James Leonard Hornbeck

P. O. Address York Center, Ohio

Sworn to before me and signed in my presence this 6th *day of* May, *19* 42

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union **County, Ohio**

May 6, *19* 42

In the Matter of the registration of birth

of William Nolan Tobey

Case No. A-242

ORDER FOR HEARING

This day William Nolan 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 said hearing be dispensed with.

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

John W. Dailey
Probate Judge.

(Seal)

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

May 6, *19* 42

In the Matter of the

REGISTRATION OF BIRTH

of William Nolan Tobey

Case No. A-242

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of William Nolan 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 Edward J. Tobey and James Leonard 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 Township
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 10 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) York Township
(d) Street No.

3. Full name of child Tobey William Nolan

4. Date of birth Jan. 6, 1905

5. Sex: M.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Tobey, Edward J.
10. Color or race white 11. Age at time of this birth 35 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Nolan, Catherine
16. Color or race white 17. Age at time of this birth 33 yrs.
18. Birthplace Columbus, 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? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. C. L. Thompson
Address York Township, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., *19*.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of George Daniels

Case No. A-243

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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 23 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No.

3. Full name of child Daniels George

4. Date of birth Sept. 2, 1905

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Daniels Frank
10. Color or race white 11. Age at time of this birth 33 yrs.
12. Birthplace Delaware County, Ohio
13. Usual occupation stock dealer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Smith Vina E.
16. Color or race white 17. Age at time of this birth 34 yrs.
18. Birthplace Union County, 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? 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. Henderson
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.*

George Daniels
Applicant.

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 Daniels
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 6th *day of* May, *19* 42

Clifton L. Caryl
Notary Public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of .....

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

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

P. O. Address .....

Attending Physician.

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

The State of Ohio, Union County, ss:

I, Minnie Hall 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.*

Minnie Hall

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 7th *day of* May, *19* 42

Cliton L. Caryl
Notary Public

The State of Ohio, Union County, ss:

I, Frank Smith 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.*

Frank Smith

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 7th *day of* May, *19* 42

Carrie W. Hornbeck
Probate Deputy

Probate Court, Union County, Ohio

In the Matter of the Registration of the Birth

of George Daniels

May 7, *19* 42

Case No. A-243

ORDER FOR HEARING

This day George Daniels *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union County, Ohio

May 7th, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of George Daniels

Case No. A-243

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of George Daniels *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 Minnie Hall and Frank 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) Marysville
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 23yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No.

3. Full name of child Daniels George

4. Date of birth Sept.2,1905

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Daniels Frank
10. Color or race white 11. Age at time of this birth 33 yrs.
12. Birthplace Delaware County, Ohio
13. Usual occupation stock dealer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Smith Vina E.
16. Color or race white 17. Age at time of this birth 34 yrs.
18. Birthplace Union County, 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? 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. Henderson
Address Marysville, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Carl Ray Gallant

Case No. A-244

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
(c) Name of hospital or institution: private hospital
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Claibourne
(d) Street No. .....

3. Full name of child Gallant Carl Ray
4. Date of birth 11/20/912
5. Sex: Male
6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Gallant Norris
10. Color or race white 11. Age at time of this birth 34 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Bruce Orpha
16. Color or race white 17. Age at time of this birth 15 yrs.
18. Birthplace Lawrence County, 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. Blackburn
Address Columbus, 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.*

Carl Ray Gallant
Applicant.

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 Ray Gallant
Applicant.

P. O. Address East Libert, Ohio RFD#1

Sworn to before me and signed in my presence this 6th *day of* May, *19* 42

WM. R. Cameron
Notary Public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Emanuel Green 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.*

Emanuel Green

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 6 *day of* May, *19* 42

Wm. R. Cameron
Notary Public

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

I, Ezra Allen Green 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.*

Ezra Allen Green

P. O. Address Richwood, Ohio RD#3

Sworn to before me and signed in my presence this 6 *day of* May, *19* 42

Wm. R. Cameron
Notary Public

Probate Court, Union County, Ohio

May 6, *19* 42

In the Matter of the Registration of birth

of Carl Ray Gallant

Case No. A-244

ORDER FOR HEARING

This day Carl Ray Garlant *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 Master Commissioner to take testimony on said application if the services of a Master Commissioner are necessary; *and this cause is continued.*

(Seal)

John W. Bailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

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

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

In the Matter of the
REGISTRATION OF BIRTH
of Carl Ray Gallant

May 6, 19 42

Case No. A-244

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Carl Ray Gallant *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 Emanuel Green and Ezra Allen Green, 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) City of Columbus
(c) Name of hospital or institution:
Private hospital, name not known
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Claibourn Township
(d) Street No. .....

3. Full name of child Gallant Carl Ray

4. Date of birth Nov. 20, 1912

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Gallant Norris
10. Color or race white 11. Age at time of this birth 34 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Bruce Orpha
16. Color or race white 17. Age at time of this birth 15 yrs.
18. Birthplace Lawrence County, 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. Blackburn
Address Columbus, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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)

JOURNAL ENTRY

Probate Court,.....County, Ohio

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of John ,Kilfian

Case No. A- 246

APPLICATION

Your applicant respectfully represents that he *was born in* Union County *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
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 30 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg
(d) Street No.

3. Full name of child Kilfian John

4. Date of birth Sept.17,1880

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Kilfian Thomas
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Southern England
13. Usual occupation plaster
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Hoskins Lucy
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Union County, 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. W.B. Duke
Address Richwood, Oho
M. D., midwife, or other

Your applicant further represents that the registration of 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.*

John Kilfian
Applicant.

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 Kilfian
Applicant.
P. O. Address RFD#1, Marysville, Ohio

Sworn to before me and signed in my presence this 7th *day of* May, *19* 42.

William L. Coleman
Notary Public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Zell X. Corey, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Zell X. Corey
P. O. Address R"1. Marysville, Ohio
Sworn to before me and signed in my presence this 7th *day of* May, *19* 42.

Wm. L. Coleman
Notary Public

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

I, William W. Moehn, *do hereby certify that 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 W. Moehn
P. O. Address Magnetic Springs, Ohio
Sworn to before me and signed in my presence this 7th *day of* May, *19* 42.

Wm. L. Coleman
Notary Public

Probate Court, Union County, Ohio

May 7, 19 42

In the Matter of the Registration of Birth
of John Kilfian

Case No. A-246

ORDER FOR HEARING

This day John Kilfian *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

May 7, 19 42

In the Matter of the

REGISTRATION OF BIRTH

of John Kilfian

Case No. A-246

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of John Kilfian *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 Zell X. Corey and William W. Moen, 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
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 30 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg Twp.
(d) Street No.

3. Full name of child Kilfian John

4. Date of birth Sept.17,1880

5. Sex: M

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Kilfian Thomas
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Southern England
13. Usual occupation plasterer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Hoskins Lucy
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Union County, 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. W. B. Duke
Address Richwood, Ohio
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the
Registration of Birth
In the Matter of the
of Herbert Earl Gibson

Case No. A-247

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 twp.
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 10yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Allen
(d) Street No.

3. Full name of child Gibson Herbert Earl

4. Date of birth 3/17/1890

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Gibson William
10. Color or race white 11. Age at time of this birth 31 yrs.
12. Birthplace Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Underwood Sara
16. Color or race white 17. Age at time of this birth 26 yrs.
18. Birthplace Terre Haute, Imdiana
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. Smith
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.*

Herbert Earl 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.*

Herbert Earl Gibson
Applicant.

P. O. Address Franklin, Ohio

Sworn to before me and signed in my presence this 7 *day of* May, *19* 42

Mildred L. Fladt
Notary Public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the
of

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Mattie 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.*

Mattie Robinson

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 7 *day of* May, *19* 42

Carrie W. Hornbeck
Probate Deputy

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

I, Mary Edwards, *do hereby certify that 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 Edwards

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 7 *day of* May, *19* 42

Carrie W. Hornbeck
Probate Deputy

Probate Court, Union County, Ohio

May 7, 19 42

In the Matter of the
Registration of Birth
of Herbert Earl Gibson

Case No. a-247

ORDER FOR HEARING

This day Herbert Earl Gibson *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

In the Matter of the
REGISTRATION OF BIRTH
of Herbert Earl Gibson

May 7, 1942

Case No. A-247

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Herbert Earl 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 Mattie Robinson and 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 Twp.
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 10yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Allen Twp.
(d) Street No.

3. Full name of child Gibson Herbert Earl

4. Date of birth 3/17/1890

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Gibson William
10. Color or race white 11. Age at time of this birth 31 yrs.
12. Birthplace Ohio
13. Usual occupation farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Ohio
16. Color or race white 17. Age at time of this birth 26 yrs.
18. Birthplace Terre Haute, Indiana
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. Smith
Address Marysville, Ohio
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

....., 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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-11—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

No. A-249

Probate Court,.....County, Ohio

In the Matter of the

In the Matter of the

of .....

Case No......

APPLICATION

Your applicant respectfully represents that.....*was born in*.....*County, Ohio; that*.....*now resides in*.....*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 .....
(b) .....
(c) Name of hospital or institution:
.....
(d) Mother's stay before delivery:
In hospital or institution.....In this community.....

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) .....
(d) Street No. .....

3. Full name of child.....

4. Date of birth.....

5. Sex: .....

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

7. Number months of pregnancy.....

8. Mother married?.....

FATHER OF CHILD

9. Full name .....
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace .....
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name.....
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace .....
19. Usual occupation .....
20. Industry or business.....

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

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

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*.....

.....
.....

AFFIDAVIT

Probate Court,.....County, Ohio

In the Matter of the

.....

of .....

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

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

.....
.....

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*.....

.....
.....

Probate Court,.....County, Ohio

In the Matter of the

.....

of .....

..... , *19*.....

Case No. 249

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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

.....
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

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) .....
(c) Name of hospital or institution:
.....
(d) Mother's stay before delivery:
In hospital or institution.....In this community.....

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) .....
(d) Street No. .....

3. Full name of child.....

4. Date of birth.....

5. Sex: .....

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

7. Number months of pregnancy.....

8. Mother married?.....

FATHER OF CHILD

9. Full name .....
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace .....
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name.....
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace .....
19. Usual occupation .....
20. Industry or business.....

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

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Union Co. No. A-249

Probate Court,.....Lucas.....County, Ohio
.....May 6....., 19.42.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....William Gunderman

Case No. 21187

FINDING AND ORDER
CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....William Gunderman
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 credible witnesses.....; that notice of the hearing on said application has been .....dispensed with.....; and that the facts stated in said application are true.

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

Change name of Father from Geo Gibson to name of George Gunderman
Change name of Mother from Velloner to name of Zellner
Reported by George Gibson
Change date to Aug. 19th, 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.

(signed) .....Chas. E. Chittenden.....
Probate Judge.

See page 73, Vol. 3, Birth Records, for old record.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Irvin George Mc Daniels

Case No. A- 250

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* ..... *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 .....

(b) .....

(c) Name of hospital or institution:

.....

(d) Mother's stay before delivery:

In hospital or institution..... In this community.....

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) .....

(d) Street No. .....

3. Full name of child.....

4. Date of birth.....

5. Sex: .....

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

7. Number months of pregnancy.....

8. Mother married?.....

FATHER OF CHILD

9. Full name .....

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

12. Birthplace .....

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name.....

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

18. Birthplace .....

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother:

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

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

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

22. Attending Physician or Midwife:

Name .....

Address .....

.....

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

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*.....

.....

.....

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the

.....

of .....

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

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

.....

.....

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*.....

.....

.....

Probate Court, ... **County, Ohio**

In the Matter of the

.....

of .....

..... , *19*.....

Case No. 2-120

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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

.....

Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

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) .....
(c) Name of hospital or institution:
.....
(d) Mother's stay before delivery:
In hospital or institution.....In this community.....

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) .....
(d) Street No. .....

3. Full name of child.....

4. Date of birth.....

5. Sex: .....

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

7. Number months of pregnancy.....

8. Mother married?.....

FATHER OF CHILD

9. Full name .....
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace .....
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name.....
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace .....
19. Usual occupation .....
20. Industry or business.....

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

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of John Thomas Hamilton

Case No. A-251

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 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) York (Township)
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community two years

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) York (Township)
(d) Street No. .....

3. Full name of child Hamilton John Thomas

4. Date of birth March 23, 1895

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Hamilton, Cornelius Springer
10. Color or race white 11. Age at time of this birth 23 yrs.
12. Birthplace York Township, Union County
13. Usual occupation farmer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Predmore, Carlena Jane
16. Color or race white 17. Age at time of this birth 21 yrs.
18. Birthplace Taylor Township, Union County
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 Isaac Hunt
Address unknown
M. D., midwife, or other .....

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

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

John Thomas 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 Thomas Hamilton
Applicant.

P. O. Address 31 Cherry St. Richwood, Ohio

Sworn to before me and signed in my presence this 18th *day of* May, *19* 42.

F. LeRoy Allen
Notary Public for the State of Ohio

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

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

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

P. O. Address ..... *Attending Physician.*

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

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

I, Cornelius Springer Hamilton, 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.*

Cornelius Springer Hamilton

P. O. Address Peoria, Ohio, R.F.D. 1

Sworn to before me and signed in my presence this 18th *day of* May, *19* 42.

Carrie W. Hornbeck
Deputy

(Seal)

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

I, Carrie Hamilton, 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 Hamilton

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 18th *day of* May, *19* 42.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio
May 18, *19* 42.

In the Matter of the registration of birth
of John Thomas Hamilton

Case No. A-251 ✓

ORDER FOR HEARING

This day John Thomas Hamilton *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

May 18, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of John Thomas Hamilton

Case No. A-251

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of John Thomas Hamilton
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 Cornelius Springer Hamilton and Carrie Hamilton, 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)
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 2 years

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) York (Township)
(d) Street No.

3. Full name of child Hamilton John Thomas
4. Date of birth March 23, 1895
5. Sex: male
6. Twin or triplet --
If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Hamilton, Cornelius Springer
10. Color or race white 11. Age at time of this birth 23 yrs.
12. Birthplace York Township, Union County, O.
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Predmore, Carlena Jane
16. Color or race white 17. Age at time of this birth 21 yrs.
18. Birthplace Taylor Twp, Union County, O.
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 Isaac Hunt
Address unknown
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Lottie Opal Hensley

Case No. A-252

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 58 E. Warren St. Detroit, Michigan *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) Summerville
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 28 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Summerville
(d) Street No.

3. Full name of child Hensley, Lottie Opal

4. Date of birth Nov. 25, 1881

5. Sex: female

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

7. Number months of pregnancy 9 mo

8. Mother married? yes

FATHER OF CHILD
9. Full name Hensley, Samuel Henry
10. Color or race white 11. Age at time of this birth 32 yrs.
12. Birthplace Licking County, Ohio
13. Usual occupation practical nurse
14. Industry or business nursing

MOTHER OF CHILD
15. Full maiden name Darling, Mary Alice
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Union County, 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? 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 unknown
Address
M. D., midwife, or other unknown

Your applicant further represents that the registration of her ~~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.*

Lottie Opal Hensley 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 she *verily believes.*

Lottie Opal Hensley Shirk
Applicant.

P. O. Address Detroit, Michigan

Sworn to before me and signed in my presence this 13th *day of* May, 1942

Alnet Mayer
(Seal) Alnet Mayer, Notary Public

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the .....

of .....

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

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

P. O. Address ..... *Attending Physician.*

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

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

I, Minnie Myers, 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.*

Minnie Myers

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 13th *day of* May, *19*42.

Carrie W. Hornbeck
(Seal) Deputy

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

I, Glenna Northup, 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.*

Glenna Northup

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 13th *day of* May, *19*42.

Carrie W. Hornbeck
Deputy

Probate Court, Union **County, Ohio**

May 13th, *19*42

In the Matter of the registration of the birth

of Lottie Opal Hensley

Case No. A 252

ORDER FOR HEARING

This day Lottie Opal Hensley *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 notice of said hearing be dispensed with.

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

(Seal) John W. Dailey
Probate Judge.

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

May 13th, 19 42

In the Matter of the

REGISTRATION OF BIRTH

of Lottie Opal Hensley

Case No. A 252

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lottie Opal Hensley *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 Minnie Myers and Glenna Northup, 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
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution..... In this community 28 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Summerville
(d) Street No. .....

3. Full name of child Hensley Lottie Opal

4. Date of birth Nov 25, 1881

5. Sex: female

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Hensley, Samuel Henry
10. Color or race white 11. Age at time of this birth 32 yrs.
12. Birthplace Licking County, Ohio
13. Usual occupation practical nurse
14. Industry or business nursing

MOTHER OF CHILD
15. Full maiden name Darling, Mary Alice
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Union County, 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? 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 unknown
Address .....
M. D., midwife, or other unknown

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-11—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Elmer Elsworth Kipker

Case No. A-255

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 902 8th St. Three Rivers, Michigan *Kommunity; 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
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution ..... In this community life

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville, Ohio
(d) Street No.

3. Full name of child Kipker Elmer Elsworth

4. Date of birth 11/4/1908

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Kipker, Wilmer
10. Color or race white 11. Age at time of this birth 21 yrs.
12. Birthplace Van Wert County, Ohio
13. Usual occupation laborer
14. Industry or business laborer

MOTHER OF CHILD
15. Full maiden name Speakman, Nannie
16. Color or race white 17. Age at time of this birth 20 yrs.
18. Birthplace Union County, Ohio
19. Usual occupation housewife
20. Industry or business housewife

21. Children born to this mother: one
(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. Henderson (deceased)
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 the registration of his birth *as provided by law.*

Elmer Elsworth Kipker
Applicant.

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 Elsworth Kipker
Applicant.

P. O. Address 902 8th St. Three Rivers, Mich.

Sworn to before me and signed in my presence this 16th *day of* May, *19* 42.

William J. Porter
Notary Public, State of Ohio

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

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

P. O. Address .....
Attending Physician.

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

(Seal)

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

I, William Speakman, 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.*

Witness: Carrie Hornbeck Ruth Patrick William X Speakman

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 16th *day of* May, *19*42.

Carrie W. Hornbeck
Deputy

(Seal)

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

I, Tillie L. Orr, 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.*

Tillie Orr

P. O. Address 205 E. 4th St., Marysville, O.

Sworn to before me and signed in my presence this 16th *day of* May, *19*42.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

May 16, *19*42

Case No. A-255

In the Matter of the registration of birth

of Elmer Elsworth Kipker

ORDER FOR HEARING

This day Elmer Elsworth Kipker *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

(Seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

May 16, 1942

In the Matter of the

REGISTRATION OF BIRTH

of Elmer Elsworth Kipker

Case No. A-255

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Elmer Elsworth Kipker
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 Speakman and Tillie L. Orr, 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
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution..... In this community life

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville, Ohio
(d) Street No. Fourth Street

3. Full name of child Kipker Elmer Elsworth
4. Date of birth 11/4/1908
5. Sex: Male
6. Twin or triplet no; If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Kipker Wilmer
10. Color or race white 11. Age at time of this birth 21 yrs.
12. Birthplace Van Wert County, Ohio
13. Usual occupation laborer
14. Industry or business laborer

MOTHER OF CHILD
15. Full maiden name Speakman, Nannie
16. Color or race white 17. Age at time of this birth 20 yrs.
18. Birthplace Union County, Ohio
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 Dr. Henderson (deceased)
Address
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the
Registration of Birth
In the Matter of the
of Ray Ivan Griffith

Case No. A-256

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Martins Ferry *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) Jackson Twp.
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 20 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood
(d) Street No.

3. Full name of child Griffith Ray Iven

4. Date of birth March 25, 1899

5. Sex: M.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Griffith Charles Wesley
10. Color or race white 11. Age at time of this birth 21 yrs.
12. Birthplace Franklin County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Kirby Elsie
16. Color or race white 17. Age at time of this birth 20 yrs.
18. Birthplace Richwood, 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. B.P. Hall
Address Richwood, 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.*

Ray Ivan 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 he *verily believes.*

Ray Ivan Griffith
Applicant.

P. O. Address Martins Ferry, Ohio

Sworn to before me and signed in my presence this 16 *day of* May, *19* 42

Carrie W. Hornbeck
Deputy

(Seal)

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the
of

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

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

I, Elsie Griffith, 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.*

Elsie Griffith

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 16th *day of* May, *19* 42

Carrie W. Hornbeck
Deputy

(Seal)

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

I, Alva Kirby, 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.*

Alva Kirby

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 16 *day of* May, *19* 42

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union **County, Ohio**
May 16, *19* 42

In the Matter of the
Registration of the Birth
of Ray Ivan Griffith

Case No. A-256

ORDER FOR HEARING

This day Ray Ivan Griffith *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

(Seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

In the Matter of the
REGISTRATION OF BIRTH
of Ray Ivan Griffith

May 16, 19 42

Case No. A-256

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Ray Ivan Griffith
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 Elsie Griffith and Alva Kirby, 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
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 20 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson Twp.
(d) Street No. .....

3. Full name of child Griffith Ray Ivan

4. Date of birth March 25, 1899

5. Sex: M

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Griffith Charles Wesley
10. Color or race white 11. Age at time of this birth 21 yrs.
12. Birthplace Franklin County, Ohio
13. Usual occupation farmer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Kirby Elsie
16. Color or race white 17. Age at time of this birth 20 yrs.
18. Birthplace Richwood, 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. B.P. Hall
Address Richwood, Ohio
.....
M. D., midwife, or other .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Lemuel Lutrelle Hamilton

Case No. A-.258

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Warren, Michigan *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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 37 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Paris Township
(d) Street No.

3. Full name of child Hamilton Lemuel Lutrelle

4. Date of birth April 3, 1903

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Hamilton, Frank Newton
10. Color or race white 11. Age at time of this birth 43 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Mapes, Carrie Delight
16. Color or race white 17. Age at time of this birth 37 yrs.
18. Birthplace Union County, 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? 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. Lutrelle Henderson
Address Marysville, Ohio
M. D., midwife, or other M. D.

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.*

Lemuel Lutrelle 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.*

Lemuel Lutrelle Hamilton
Applicant.

P. O. Address Warren, Michigan

Sworn to before me and signed in my presence this 16th *day of* May, *19* 42.

Wm. R. Cameron
(Seal) Notary Public in and for Union County, Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

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

I, Guy Hamilton, uncle 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.*

Guy Hamilton

P. O. Address Marysville, Ohio, R.D. #1

Sworn to before me and signed in my presence this 16th *day of* May, *19* 42.

Carrie W. Hornbeck
Deputy

(Seal)

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

I, Flora Hamilton, 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.*

Flora Hamilton

P. O. Address Marysville, Ohio, R.D. #1

Sworn to before me and signed in my presence this 16th *day of* May, *19* 42

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

May 16th, *19* 42

In the Matter of the registration of birth

of Lemuel Lutrelle Hamilton

Case No. 2[illegible]

ORDER FOR HEARING

This day Lemuel Lutrelle Hamilton *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....
.....

JOURNAL ENTRY

Probate Court, Union County, Ohio
May 16, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of Lemuel Lutrelle Hamilton

Case No. A-258

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lemuel Lutrelle Hamilton *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 Guy Hamilton and Flora Hamilton, 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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 37 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Paris Township
(d) Street No.

3. Full name of child Hamilton Lemuel Lutrelle

4. Date of birth April 3, 1903

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Hamilton, Frank Newton
10. Color or race white 11. Age at time of this birth 43 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Mapes, Carrie Delight
16. Color or race white 17. Age at time of this birth 37 yrs.
18. Birthplace Union County, 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? 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. Lutrelle Henderson
Address Marysville, Ohio
M. D., midwife, or other M. D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-11—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Howard LeRoy Winget

Case No. A- 260

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Urbana, Ohio xxxxxxxxxx *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, Ohio
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 2 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No.

3. Full name of child Winget Howard LeRoy

4. Date of birth 7/19/1907

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Winget William Louis
10. Color or race White 11. Age at time of this birth 21 yrs.
12. Birthplace Marysville, Ohio
13. Usual occupation Furniture maker
14. Industry or business Furniture maker

MOTHER OF CHILD

15. Full maiden name Kretchzman Anna Christian
16. Color or race white 17. Age at time of this birth 21 yrs.
18. Birthplace New Weston, Ohio
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 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 the registration of his birth *as provided by law.*

Howard LeRoy Winget
Applicant.

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 LeRoy Winget
Applicant.

P. O. Address Urbana, Ohio

Sworn to before me and signed in my presence this 20th *day of* May, *19* 42

(Seal)

William J. Porter, Notary Public

AFFIDAVIT

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of Howard LeRoy Winget

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

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

P. O. Address .....
Attending Physician.

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

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

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

Minnine Schalip

P. O. Address 5th St. Marysville, Ohio

Sworn to before me and signed in my presence this 20 *day of* May, *19*42

(Seal)

Carrie W. Hornbeck, Deputy

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

I, John Sink, *do hereby certify that 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 Sink

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

Sworn to before me and signed in my presence this 20 *day of* May, *19*42

(Seal)

Carrie W. Hornbeck, Deputy

Probate Court, Union County, Ohio

May 20, *19*42

In the Matter of the registration of birth

of Howard LeRoy Winget

Case No. 260

ORDER FOR HEARING

This day Howard LeRoy Winget *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 xxxxxxxxxx *be and hereby is* xxxxxxxxx

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

May 20, 19 42

In the Matter of the xRegistrationxofxBirth
REGISTRATION OF BIRTH
of Howard LeRoy Winget

Case No. A- 260

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Howard LeRoy Winget *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 Minnie Schalip and John Sink, 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) Marysville, Ohio
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 2 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No.

3. Full name of child Winget Howard LeRoy

4. Date of birth 7/19/1907

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Winget William Louis
10. Color or race white 11. Age at time of this birth 21 yrs.
12. Birthplace Marysville, Ohio
13. Usual occupation Furniture maker
14. Industry or business Furniture maker

MOTHER OF CHILD
15. Full maiden name Kretchzman Anna Christine
16. Color or race white 17. Age at time of this birth 21 yrs.
18. Birthplace New Weston, Ohio
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 not known
Address .....
.....
M. D., midwife, or other .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Lula Mae Sanderson

Case No. A-261

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* RFD 3, Elyria, Lorain *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) Taylor (Township)
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 6 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Broadway, Taylor Twp.
(d) Street No.

3. Full name of child Sanderson Lula Mae

4. Date of birth Dec. 24, 1909

5. Sex: female

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Sanderson, Edward Patrick
10. Color or race white 11. Age at time of this birth 29 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business farming

MOTHER OF CHILD
15. Full maiden name Price, Mae Florence
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace Delaware County, Ohio
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? 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. Jenkins
Address Broadway, Ohio
M. D., midwife, or other

Your applicant further represents that the registration of her *birth* is not recorded, due to the fact that the attending physician neglected to record same.

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

Lula Mae Sanderson- Zeller
Applicant.

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.*

Lula Mae Sanderson- Zeller
Applicant.

P. O. Address R. R. 3, Elyria, Ohio

Sworn to before me and signed in my presence this 21st *day of* May, *19* 42.

William L. Coleman
Notary Public, Union County, Ohio
My com. exp. Aug. 17, 1942

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

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

P. O. Address .....

Attending Physician.

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

(Seal)

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

I, Edward Patrick 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.*

Edward P. Sanderson

P. O. Address 585 Balentine Ave., Marion, Ohio

Sworn to before me and signed in my presence this 21st *day of* May, *19* 42.

Carrie W. Hornbeck
Deputy

(Seal)

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

I, Mae Florence 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.*

Mae Florence Sanderson

P. O. Address 585 Balentine Ave., Marion, Ohio

Sworn to before me and signed in my presence this 21st *day of* May, *19* 42.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

May 21, *19* 42

Case No. A-261

In the Matter of the registration of birth

of Lula Mae Sanderson

ORDER FOR HEARING

This day Lula Mae Sanderson *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

May 21, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of Lula Mae Sanderson

Case No. A-261

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lula Mae Sanderson *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 Patrick Sanderson and Mae Florence Sanderson; *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)
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 6 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Broadway Taylor Twp.
(d) Street No. .....

3. Full name of child Sanderson Lula Mae
4. Date of birth Dec. 24, 1909
5. Sex: female
6. Twin or triplet no If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Sanderson, Edward Patrick
10. Color or race white 11. Age at time of this birth 29 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business farming

MOTHER OF CHILD
15. Full maiden name Price, Mae Florence
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace Delaware County, Ohio
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? 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. Jenkins
Address Broadway, Ohio
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the Registration of the Birth
In the Matter of the
of Lloyd Allan Wilcox

Case No. A-263

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Akron, Ohio *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) Jackson Twp.
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 2 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson Twp.
(d) Street No.

3. Full name of child Wilcox Lloyd Allan

4. Date of birth Aug. 24, 1884

5. Sex: M.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Wilcox Alfred Comstock
10. Color or race white 11. Age at time of this birth 22 yrs.
12. Birthplace Franklin County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Hill Jennie Zelpha
16. Color or race white 17. Age at time of this birth 19 yrs.
18. Birthplace Franklin County, Ohio
19. Usual occupation
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. E. Y. King
Address Richwood, 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.*

Lloyd Allan 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.*

Lloyd Allan Wilcox
Applicant.

P. O. Address Akron, Ohio

Sworn to before me and signed in my presence this 22 *day of* May, *19* 42

Carrie W. Hornbeck
Deputy

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....
of .....

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Nell 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.*

Nell Wilcox

P. O. Address Columbus, Ohio

Sworn to before me and signed in my presence this 22 *day of* May, *19* 42

Carrie W. Hornbeck
Deputy

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

I, Etta White, 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.*

Etta White

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 22 *day of* May, *19* 42

Carrie W. Hornbeck
Deputy

Probate Court, Union County, Ohio

In the Matter of the Registration of the Birth
of Lloyd Allan Wilcox

May 22, *19* 42

Case No. A-263 ✓

ORDER FOR HEARING

This day Lloyd Allan 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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

May 22, 1942

In the Matter of the

REGISTRATION OF BIRTH

of Lloyd Allan Wilcox

Case No. A-263

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lloyd Allan 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* the testimony of Nell Wilcox, and Etta White 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 Twp
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 2 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson twp.
(d) Street No.

3. Full name of child Wilcox Lloyd Allan

4. Date of birth Aug. 24, 1884

5. Sex: M.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Wilcox Alfred Comstock
10. Color or race white 11. Age at time of this birth 22 yrs.
12. Birthplace Franklin, County, Ohio
13. Usual occupation farming
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Hill ennie Zelpha
16. Color or race white 17. Age at time of this birth 19 yrs.
18. Birthplace Franklin County, Ohio
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. E. Y. King
Address Richwood, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the
Registration of the Birth
In the Matter of the
Allen Marvin Kellin
of .....

Case No. A-264

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Wellston, Ohio *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) Plain City
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution home In this community 4 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Plain City
(d) Street No. .....

3. Full name of child Kellin Allen Marvin

4. Date of birth Apr. 10, 1904

5. Sex: M.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Kellin John M
10. Color or race white 11. Age at time of this birth 38 yrs.
12. Birthplace Pataskala Ohio
13. Usual occupation butcher
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Hefner Lulu Maude
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace Kennard, 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. H. E. 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 the registration of his birth, *as provided by law.*

Allen Marvin Kellin
Applicant.

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 Marvin Kellin
Applicant.

P. O. Address Wellston, Ohio

Sworn to before me and signed in my presence this 22nd *day of* May, *19*42.

William L. Coleman
notary public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....
of .....

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Lulu Maud Kellin, *do hereby certify that 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 Maud Kellin

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 22nd *day of* May, *19*42.

William L. Coleman
Notary Public

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

I, Nancy E. Hefner, *do hereby certify that 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 E. Hefner

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 22nd *day of* May, *19*42.

Wm. L. Coleman
Notary Public

Probate Court, Union County, Ohio
May 22nd, *19*42

In the Matter of the
Registration of the Birth
of Allen Marvin Kellin

Case No. A-264

ORDER FOR HEARING

This day Allen Marvin Kellin *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

May 22nd, *19* 42

In the Matter of the

REGISTRATION OF BIRTH

of Allen Marvin Kellin

Case No. A-264

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Allen Marvin Kellin *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 Lulu Maud Kellin and Nancy E. Hefner; *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
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 4 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Plain City
(d) Street No.

3. Full name of child Kellin Allen Marvin

4. Date of birth Apr.10,1904

5. Sex: M

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Kellin John M
10. Color or race white 11. Age at time of this birth 38 yrs.
12. Birthplace Pataskala, Ohio
13. Usual occupation butcher
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Hefner Lulu Maud
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace Kennard, 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. H. E. Holmes
Address Plain City, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., *19*.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Herbert Leutrell Ormeroid

Case No. A-265

APPLICATION

Your applicant respectfully represents that ..... *was born in* ..... *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
(c) Name of hospital or institution: Sycamore Street
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 2 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No. Sycamore Street

3. Full name of child Ormeroid Herbert Leutrell

4. Date of birth Feb 5, 1904

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Ormeroid Fred
10. Color or race white 11. Age at time of this birth 33 yrs.
12. Birthplace Medina County, Ohio
13. Usual occupation Salesman
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Cassiday Mary Elizabeth
16. Color or race white 17. Age at time of this birth 19 yrs.
18. Birthplace Union County, 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. L. T. Henderson
Address Marysville, Ohio
M. D., midwife, or other M. D.

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.*

Herbert Leutrell Ormeroid
Applicant.

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 Leutrell Ormeroid
Applicant.

P. O. Address Marysville, Ohio. R. D. 5

Sworn to before me and signed in my presence this 27th *day of* May, *19* 42.

(Seal)

Wm. R. Cameron, Notary Public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, J. Wilber Orr, an 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.*

J. Wilber Orr

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 27th *day of* May, *19* 42

Wm. R. Cameron, notary public

The State of Ohio, Union County, ss:

I, Estella Orr, aunt of said 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.*

Estell a Orr

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 27th *day of* May, *19* 42

Wm. R. Cameron, Notary Public

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of Herbert Leutrell Ormeroid

May 29, 1942

Case No. .....

ORDER FOR HEARING

This day Herbert Leutrell Ormeroid *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 of said heraing be dispensed with

~~It is ordered by The Court that application is appointed Master Commissioner are necessary~~ and this cause is continued.

(Seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

May 29th, 19 42

In the Matter of the

REGISTRATION OF BIRTH

of Herbert Leutrell Ormeroid

Case No. A-265

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Herbert Leutrell Ormeroid *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. Wilbur Orr and Estella Orr, 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
(c) Name of hospital or institution: Sycamore St
(d) Mother's stay before delivery:
In hospital or institution..... In this community 2 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No. Sycamore St

3. Full name of child Ormeroid Herbert Leutrell

4. Date of birth 2/5/1904

5. Sex: M

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Ormeroid Fred
10. Color or race white 11. Age at time of this birth 33 yrs.
12. Birthplace Medina County, Ohio
13. Usual occupation salesman
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Cassiday Mary Elizabeth
16. Color or race white 17. Age at time of this birth 19 yrs.
18. Birthplace Union County, 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. L.T. Henderson
Address Marysville, Ohio
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Earl Bruce Kline

Case No. A-266

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Columbus *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
(c) Name of hospital or institution:
(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) Paris Township
(d) Street No.

3. Full name of child Kline Earl Bruce

4. Date of birth Dec. 26, 1887

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Kline James Duncan
10. Color or race white 11. Age at time of this birth 34 yrs.
12. Birthplace Holmes County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Thompson, Flora Estella
16. Color or race white 17. Age at time of this birth 32 yrs.
18. Birthplace Muskingum County, 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? 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. James M. Southard
Address Marysville, Ohio
M. D., midwife, or other M. D.

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.*

Earl Bruce Kline
Applicant.

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 Bruce Kline
Applicant.

P. O. Address 526 W. 3rd Ave. Columbus, Ohio

Sworn to before me and signed in my presence this 26th *day of* May, *19* 42

Wm. R. Cameron
(Seal) Notary Public in and for Union County, Ohio

AFFIDAVIT

Probate Court, County, Ohio

In the Matter of the

of

The State of Ohio, County, ss:

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

P. O. Address
Attending Physician.

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

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

I, Emma J. Taylor, 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.*

Emma J. Taylor

P. O. Address 327½ S. Fourth St., Columbus, Ohio

Sworn to before me and signed in my presence this 26th *day of* May, *19* 42

Wm. R. Cameron

Carrie W. Hornbeck (Seal) (Seal) Notary Public

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

I, Mamie L. Chubb, 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.*

Mamie L. Chubb

P. O. Address 917½ Kleiner Ave. Columbus, Ohio

Sworn to before me and signed in my presence this 26th *day of* May, *19* 42

Wm. R. Cameron

Carrie W. Hornbeck (Seal) (Seal) Notary Public

Probate Court, Union County, Ohio

May 26th, *19* 42

In the Matter of the registration of birth

of Earl Bruce Kline

Case No. A-266

ORDER FOR HEARING

This day Earl Bruce Kline *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

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

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

May 26th, 19 42

In the Matter of the

REGISTRATION OF BIRTH

of Earl Bruce Kline

Case No. A-266

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Earl Bruce Kline *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 Emma J. Taylor and Mamie L. Chubb, 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

(c) Name of hospital or institution:

(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) Paris Township

(d) Street No.

3. Full name of child Kline Earl Bruce

4. Date of birth Dec. 26, 1887

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Kline James Duncan

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

12. Birthplace Holmes County, Ohio

13. Usual occupation farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Thompson, Flora Estella

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

18. Birthplace Muskingum County, 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? 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. James M. Southard

Address Marysville, Ohio

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

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-11—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Florence Estella Hoy

Case No. A-270

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Columbus, 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) Jerome Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 35 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jerome Township
(d) Street No.

3. Full name of child Hoy, Florence Estella

4. Date of birth Sept. 22, 1909

5. Sex: F.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hoy Thomas James
10. Color or race white 11. Age at time of this birth 38 yrs.
12. Birthplace Green County, Pennsylvania
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Gray Julia Anna
16. Color or race white 17. Age at time of this birth 35 yrs.
18. Birthplace Union County, 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? none
(c) How many children were born dead? none

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

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 Estella Hoy Andrews
Applicant.

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 Estella Hoy Andrews
Applicant.

P. O. Address 1084 Michigan Avenue, Columbus, Ohio

Sworn to before me and signed in my presence this 26 *day of* May, 1942

Clifton L. Caryl
(Seal) Notary Public, Union County, Ohio

AFFIDAVIT

Probate Court, Union County, Ohio

In the Matter of the

of

The State of Ohio, County, ss:

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

P. O. Address

Attending Physician.

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

(Seal)

The State of Ohio, Union County, ss:

I, Thomas James Hoy, 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.*

Thomas James Hoy

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 26 *day of* May, 1942

Clifton L. Caryl
(Seal) Notary Public

The State of Ohio, Union County, ss:

I, Julia Anna Hoy, 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.*

Julia Anna Hoy

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 26 *day of* May, 1942

Clifton L. Caryl
(Seal) Notary Public

Probate Court, Union County, Ohio

May 26, 1942

In the Matter of the registration of birth

of Florence Estella Hoy

Case No. A-270

ORDER FOR HEARING

This day Florence Estella Hoy *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

May 26, 1942

In the Matter of the
REGISTRATION OF BIRTH
of Florence Estella Hoy

Case No. A-270

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Florence Estella Hoy *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 Thomas James Hoy and Julia Anna Hoy, 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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 35 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jerome Township
(d) Street No.

3. Full name of child Hoy Florence Estella

4. Date of birth Sept. 22, 1909

5. Sex: F.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Hoy Thomas James
10. Color or race White 11. Age at time of this birth 38 yrs.
12. Birthplace Green County, Pennsylvania
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Gray Julia Anna
16. Color or race White 17. Age at time of this birth 35 yrs.
18. Birthplace Union County, 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? none
(c) How many children were born dead? none

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

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Dano Cicero Cole

Case No. A-271

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Allendale, New Jersey ~~xxxxxx~~ *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) Broadway
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 15 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Broadway
(d) Street No.

3. Full name of child Cole Dano Cicero

4. Date of birth May 17, 1889

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Cole, Marcenas Cicero
10. Color or race white 11. Age at time of this birth 47 yrs.
12. Birthplace Delaware Ohio
13. Usual occupation laborer
14. Industry or business for farm and county

MOTHER OF CHILD
15. Full maiden name Gibson Melvian
16. Color or race white 17. Age at time of this birth 41 yrs.
18. Birthplace Broadway 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? 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 J.B. Taylor
Address Broadway
M. D., midwife, or other M. D.

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.*

Dano Cicero Cole
Applicant.

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.*

Dano Cicero Cole
Applicant.

P. O. Address Box 284, Allendale, N. J.

Sworn to before me and signed in my presence this 26 *day of* May, *19* 42

Helen Hawke
Notary Public

(Seal)

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the .....

of .....

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Sewell Watts, 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.*

Sewell Watts

P. O. Address Broadway, Ohio

Sworn to before me and signed in my presence this 26 *day of* May, *19* 42

Carrie W. Hornbeck (Seal)

Helen Hawke
Notary Public

(Seal)

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

I, Richard Robbins, 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.*

Richard Robbins

P. O. Address Broadway

Sworn to before me and signed in my presence this 26 *day of* May, *19* 42

Carrie W. Hornbeck (Seal)

Helen Hawke
Notary Public

(Seal)

Probate Court, Union **County, Ohio**

May 26, *19* 42

In the Matter of the registration of the birth

of Dano Cicero Cole

Case No. A-271

ORDER FOR HEARING

This day Dano Cicero Cole *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 hereby dispensed with.

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

(Seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

May 26, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of Dano Cicero Cole

Case No. A-271

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Dano Cicero Cole *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 Sewell Watts and Richard Robbins, two credible withesses; *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
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution..... In this community 15 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Broadway
(d) Street No. .....

3. Full name of child Cole Dano Cicero

4. Date of birth May 17, 1889

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Cole, Marcenas Cicero
10. Color or race white 11. Age at time of this birth 47 yrs.
12. Birthplace Delaware Ohio
13. Usual occupation laborer
14. Industry or business for farm and county

MOTHER OF CHILD
15. Full maiden name Gibson Melvian
16. Color or race white 17. Age at time of this birth 41 yrs.
18. Birthplace Broadway 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? 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 J. B. Taylor
Address Broadway
.....
M. D., midwife, or other M. D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Bry Delmore Thompson

Case No. A-272

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) Liberty Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ... In this community 30 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Liberty Township
(d) Street No.

3. Full name of child Thompson Bry Delmore

4. Date of birth Oct. 18, 1891

5. Sex: M.

6. Twin or triplet none If so—born 1st, 2nd, or 3d single

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Thompson, Ira A.
10. Color or race white 11. Age at time of this birth 37 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation carpenter
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Wolford, Sarah Elizabeth
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Union County, 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? 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. Smith
Address Pottersburg, 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.*

Bry Delmore 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.*

Bry Delmore Thompson
Applicant.

P. O. Address 516 South Main St. Bellefontaine, Ohio

Sworn to before me and signed in my presence this 28 *day of* May, *19* 42

Mildred L. Fladt

(Seal) Mildred L. Fladt, Notary Public, Union County, Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the ...

of ...

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

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

P. O. Address ...

Attending Physician.

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

...

(Seal)

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

I, E. D. Edwards, *do hereby certify that 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. D. Edwards

P. O. Address RFD # 4, Marysville, Ohio

Sworn to before me and signed in my presence this 28 *day of* May, *19* 42

Carrie W. Hornbeck
Deputy Clerk

(Seal)

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

I, Glen L. 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.*

Glen L. Cline

P. O. Address RFD # 4, Marysville, Ohio

Sworn to before me and signed in my presence this 28 *day of* May, *19* 42

Carrie W. Hornbeck
Deputy Clerk

(Seal)

Probate Court, Union County, Ohio

May 28, 1942

In the Matter of the registration of birth

of Bry Delmore Thompson

Case No. A-272

ORDER FOR HEARING

This day Bry Delmore 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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

May 28, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of Bry Delmore Thompson

Case No. A-272

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Bry Delmore 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 E. D. Edwards and Glen L. 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 Union
(b) Liberty Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 30 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Liberty Township
(d) Street No.

3. Full name of child Thompson Bry Delmore

4. Date of birth Oct. 18, 1891

5. Sex: M.

6. Twin or triplet none; If so—born 1st, 2nd, or 3d single

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Thompson, Ira A.
10. Color or race white 11. Age at time of this birth 37 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation carpenter
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Wolford, Sarah Elizabeth
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Union County, 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? 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. Smith
Address Marysville, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Arthur Mearl Schleppi

Case No. A-275

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Inkster, Michigan ~~xxxxxxx~~ *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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community lyr

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Claibourne
(d) Street No.

3. Full name of child Schleppi Arthur Mearl

4. Date of birth Apr. 13, 1888

5. Sex: M

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

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD
9. Full name Schleppi Jacob
10. Color or race white 11. Age at time of this birth 34 yrs.
12. Birthplace Franklin County, Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Spangler Catherine Amanda
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Franklin County, 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? 1
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name
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 the registration of his birth *as provided by law.*

Arthur Mearl Schleppi
Applicant.

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 Mearl Schleppi
Applicant.

P. O. Address 2606 Aline Ave. Inkster, Michigan

Sworn to before me and signed in my presence this 2nd *day of* June, *19* 42

Wm R. Cameron
Notary Public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Henry Schleppi, 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.*

Henry Schleppi

P. O. Address Bexley, Ohio

Sworn to before me and signed in my presence this 2nd *day of* June, *19* 42

Wm. R. Cameron
Notary Public

The State of Ohio, Union County, ss:

I, Ralph W. Schleppi, 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.*

Ralph W. Schleppi

P. O. Address Columbus, Ohio

Sworn to before me and signed in my presence this 2nd *day of* June, *19* 42

Wm. R. Cameron
Notary Public

Probate Court, Union County, Ohio

June 2nd, *19* 42

In the Matter of the Registartion of the Birth

of Arthur Mearl Schleppi

Case No. A-275

ORDER FOR HEARING

This day Arthur Mearl Schleppi *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

June 1st, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of Arthur Mearl Schleppi

Case No. A-275

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Arthur Mearl Schleppi *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 Schleppi and Ralph W. Schleppi; *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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 1 yr.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Claibourne
(d) Street No.

3. Full name of child Schleppi Arthur Mearl

4. Date of birth 4/13,1888

5. Sex: M

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Schleppi Jacob
10. Color or race white 11. Age at time of this birth 34 yrs.
12. Birthplace Franklin County, Ohio
13. Usual occupation farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Spangler Catherine Amanda
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Franklin County, 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? 1
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Grover Cleveland Leazenbee

Case No. A-276

APPLICATION

Your applicant respectfully represents that he *was born in* Pickaway *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) Ashville
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 28yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Pickaway
(c) Ashville
(d) Street No.

3. Full name of child Leazenbee Grover Cleveland

4. Date of birth Sept.15,1886

5. Sex: M.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Leazenee James Monroe
10. Color or race white 11. Age at time of this birth 34 yrs.
12. Birthplace Pickaway County, Ohio
13. Usual occupation school teacher
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Gunnett Mary Matilda
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Pickaway County, 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 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 the registration of his birth *as provided by law.*

Grover Cleveland Leazenbee
Applicant.

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.*

Gover Cleveland Leazenbee
Applicant.

P. O. Address 130 W. 3rd St. Marysville, Ohio

Sworn to before me and signed in my presence this 1st *day of* June, *19* 42

William L. Coleman
Notary Public

(SEAL)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

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

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

P. O. Address .....

Attending Physician.

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

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

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

Rev. A. C. Gunnett

P. O. Address Frazerburg, Ohio

Sworn to before me and signed in my presence this 1st *day of* June, *19* 42

William L. Coleman
Notary Public

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

I, Eliza Mae Glick, *do hereby certify that 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 Mae Glick

P. O. Address Columbus, Ohio

Sworn to before me and signed in my presence this 1st *day of* June, *19* 42

William L. Coleman
Notary Public

Probate Court, Union County, Ohio

June 1st, *19* 42

In the Matter of the Registration of the birth

of Grover Cleveland Leazenbee

Case No. A-276

ORDER FOR HEARING

This day Grover Cleveland Leazenbee *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

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

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

June 1st, 19 42

In the Matter of the

REGISTRATION OF BIRTH

of Grover Cleveland Leazenbee

Case No. A-276

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Grover Cleveland Leazenbee *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 Rev. A. C. Gunnett and Eliza Mae Glick, 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 Pickaway
(b) Ashville
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Pickaway
(c) Ashville
(d) Street No. .....

3. Full name of child Leazenbee Grover Cleveland

4. Date of birth Sept.15,1886

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Leazenbee James Monroe
10. Color or race white 11. Age at time of this birth.....yrs.
12. Birthplace Pickaway, County, Ohio
13. Usual occupation school teacher
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Gunnett Mary Matilda
16. Color or race white 17. Age at time of this birth.....yrs.
18. Birthplace Pickaway County, 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 .....
Address .....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Stanley Piersol Smith

Case No. A-277

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) Millcreek Twp
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 31 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Millcreek
(d) Street No.

3. Full name of child Smith Stanley Piersol

4. Date of birth 7/21/1906

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Smith William A.
10. Color or race white 11. Age at time of this birth 47 yrs.
12. Birthplace Cincinnati, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Piersol Eliza Rebecca
16. Color or race white 17. Age at time of this birth 31 yrs.
18. Birthplace Union County, Ohio
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? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. G.E. Cowles
Address Ostrander, 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.*

Stanley Piersol 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.*

Stanley Piersol Smith
Applicant.

P. O. Address 1601 N.4th St.Columbus, Ohio

Sworn to before me and signed in my presence this 1st *day of* June, *19* 42

William J. Porter
Notary Public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

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

P. O. Address ..... *Attending Physician.*

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

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

I, Eliza Rebecca 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.*

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
Deputy

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

I, Roger Wm. Smith 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.*

Roger William Smith

P. O. Address Central Birmingham, Alabama

Sworn to before me and signed in my presence this 1st *day of* June, *19* 42

Carrie W. Hornbeck
Deputy

Probate Court, Union County, Ohio

In the Matter of the Registration of the Birth

of Stanley Piersol Smith

June 1st, *19* 42

Case No. A-277

ORDER FOR HEARING

This day Stanley Piersol 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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Bailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

June 1st, 19 42

In the Matter of the

REGISTRATION OF BIRTH

of Stanley Piersol Smith

Case No. A-277

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Stanley Piersol 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 Eliza Rebecca Smith and Roger William Smith, cerdible 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
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution..... In this community 31 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Millcreek
(d) Street No. .....

3. Full name of child Smith Stanley Piersol
4. Date of birth 7/21/1906
5. Sex: M
6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Smith William A
10. Color or race white 11. Age at time of this birth 47 yrs.
12. Birthplace Cincinnati, Ohio
13. Usual occupation farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Piersol Eliza Rebecca
16. Color or race white 17. Age at time of this birth 31 yrs.
18. Birthplace Union County, Ohio
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? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. G.E. Cowles
Address Ostranedr, Ohio
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of William Robert Shoemaker

Case No. A-279

APPLICATION

Your applicant respectfully represents that he *was born in* Madison *County, Ohio; that* he *now resides in* Broadway, Ohio *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) Rosedale, Ohio
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 5 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Madison
(c) Rosedale
(d) Street No.

3. Full name of child Shoemaker, William Robert
4. Date of birth 4/10/1906
5. Sex: Male
6. Twin or triplet no If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Shoemaker, William Perry
10. Color or race white 11. Age at time of this birth 45 yrs.
12. Birthplace Gallia County, Ohio
13. Usual occupation farming
14. Industry or business farming

MOTHER OF CHILD
15. Full maiden name Moody, Anna Adelia
16. Color or race white 17. Age at time of this birth 38 yrs.
18. Birthplace Milford Center, Ohio
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? ten
(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 Louisa Moody (deceased)
Address
M. D., midwife, or other

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 Robert Shoemaker
Applicant.

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 Robert Shoemaker
Applicant.

P. O. Address Broadway, Ohio

Sworn to before me and signed in my presence this 5th *day of* June, *19* 42.

William J.Porter
(Seal) William J. Porter, Notary Public, State of Ohio, My commission expires Jan.16,1945

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Anna Adelia Shoemaker, 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 Adelia Shoemaker

P. O. Address Broadway, Ohio

Sworn to before me and signed in my presence this 5th *day of* June, *19* 42.

Carrie W. Hornbeak
Deputy

(Seal)

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

I, Ida Viola Fadely, 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.*

Ida Viola Fadely

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 5th *day of* June, *19* 42.

Carrie W. Hornbeck
Deputy

Probate Court, Union County, Ohio

June 5, *19* 42

In the Matter of the registration of birth

of William Robert Shoemaker

Case No. A-279

ORDER FOR HEARING

This day William Robert Shoemaker *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

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

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

June 5th, 1942

In the Matter of the
REGISTRATION OF BIRTH
of William Robert Shoemaker

Case No. A-279

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of William Robert Shoemaker *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 Anna Adelia Shoemaker and Ida Viola Fadely, 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) Rosedale, Ohio
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution..... In this community 5 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Madison
(c) Rosedale
(d) Street No. .....

3. Full name of child Shoemaker, William Robert

4. Date of birth 4/10/1906

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Shoemaker, William Perry
10. Color or race white 11. Age at time of this birth 45 yrs.
12. Birthplace Gallia County, Ohio
13. Usual occupation farming
14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Moody, Anna Adelia
16. Color or race white 17. Age at time of this birth 38 yrs.
18. Birthplace Milford Center, Ohio
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? ten
(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 Louisa Moody (deceased)
Address .....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-11—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Verne Everett Arnold

Case No. A-280

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Eugene, Oregon ~~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) Jerome
(c) Name of hospital or institution: Jerome
(d) Mother's stay before delivery:
In hospital or institution ..... In this community years

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jerome
(d) Street No.

3. Full name of child Arnold Verne Everett

4. Date of birth Dec. 30, 1881

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Arnold Henry
10. Color or race white 11. Age at time of this birth 29 yrs.
12. Birthplace Steubenville, Ohio
13. Usual occupation farmer
14. Industry or business farming

MOTHER OF CHILD
15. Full maiden name Ashbaugh, Ellen Almira
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Galion, 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? 1
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Harriott
Address Jerome, 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.*

Verne Everett Arnold
Applicant.

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.*

Verne Everett Arnold
Applicant.

P. O. Address Eugene, Oregon

Sworn to before me and signed in my presence this 9th *day of* June, *19* 42.

L. J. Temple
(Seal) Notary Public for Oregon. My commission expires January 27, 1945

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

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

I, Henry Brobeck, *do hereby certify that 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 Brobeck

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 1st *day of* July, *19* 42.

John W. Dailey
(Seal) Probate Judge

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

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

Luie Ashbaugh

P. O. Address Powell, Ohio

Sworn to before me and signed in my presence this 1st *day of* July, *19* 42.

John W. Dailey
(Seal) Probate Judge

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of Verne Everett Arnold

June 13, *19* 42.

Case No. A-280

ORDER FOR HEARING

This day Verne Everett Arnold *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 William G. East, Eugene, Oregon *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

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

For Deposition see page 608

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

July 1, 19 42.

In the Matter of the

REGISTRATION OF BIRTH

of Verne Everett Arnold

Case No. A-280

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Verne Everett Arnold *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* the testimony of Henry Brobeck and Luie Ashbaugh, 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) Jerome
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution..... In this community years

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jerome
(d) Street No. .....

3. Full name of child Arnold Verne Everett

4. Date of birth Dec. 30, 1881

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Arnold Henry
10. Color or race white 11. Age at time of this birth 29 yrs.
12. Birthplace Steubenville, Ohio
13. Usual occupation farmer
14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Ashbaugh, Ellen Almira
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Galion, 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? 1
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Harriott
Address Jerome, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Lemuel Edward Bruerd

Case No. A-282

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Raymond, Ohio ~~XXXXXX~~ *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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 38 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Liberty Township
(d) Street No.

3. Full name of child Bruerd, Lemuel Edward

4. Date of birth Aug. 6, 1888

5. Sex: M.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Bruerd, Edward Benjamin
10. Color or race white 11. Age at time of this birth 36 yrs.
12. Birthplace Louden Co. Virginia
13. Usual occupation contractor
14. Industry or business moving houses and bldgs.

MOTHER OF CHILD
15. Full maiden name Carter, Mary Annis
16. Color or race White 17. Age at time of this birth 38 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? 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 J. A. Southard
Address Raymond, 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.*

Lemuel Edward Bruerd
Applicant.

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 Edward Bruerd
Applicant.

P. O. Address Raymond, Ohio

Sworn to before me and signed in my presence this 4 *day of* June, 1942.

William L. Coleman

(Seal) William L. Coleman, Notary Public, Union Co. Ohio. Com. exp. Aug. 17th/42

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

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

I, William O. Bruerd, 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.*

William O. Bruerd

P. O. Address East Liberty, Ohio

Sworn to before me and signed in my presence this 4th *day of* June, 1942.

Carrie W. Hornbeck
Deputy

(Seal)

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

I, Ethel Lee Cahill, 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.*

Ethel Lee Cahill

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 4th *day of* June, 1942.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

June 4, 1942

In the Matter of the registration of birth

of Lemuel Edward Bruerd

Case No. A-282 ✓

ORDER FOR HEARING

This day Lemuel Edward Bruerd *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

June 4, 19 42

In the Matter of the

REGISTRATION OF BIRTH

of Lemuel Edward Bruerd

Case No. A-202

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lemuel Edward Bruerd *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 O. Bruerd and Ethel Lee Cahill, 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
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 38 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Liberty Township
(d) Street No.

3. Full name of child Bruerd, Lemuel Edward

4. Date of birth Aug. 6, 1888

5. Sex: M.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Bruerd, Edward Benjamin
10. Color or race white 11. Age at time of this birth 36 yrs.
12. Birthplace Louden Co. Virginia
13. Usual occupation contractor
14. Industry or business moving houses and bldgs.

MOTHER OF CHILD

15. Full maiden name Carter, Mary Annis
16. Color or race white 17. Age at time of this birth 38 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? 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 J. A. Southard, M. D.
Address Raymond, Ohio
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

IN THE MATTER OF THE
Correction of the Birth Record of
Rolland Elmore Vestal

IN THE PROBATE COURT of MARION COUNTY, OHIO.
No.283
Finding and Order
Case No.1027

This day this cause came on to be heard on the application of Rolland Elmore Vestal, 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 207 No.337; the court finds that notice of 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: Affidavits of applicant's mother and brother, Certified copy of Birth Record.
The court finds that the correct record of the birth of the applicant is as follows:

1. Place of Birth
A. County Union
B. Home

2. Usual Residence of Mother: (at time of Delivery)
(a) State Ohio
(b) County Union
(c) Township Claibourne

3. Full name of child Vestal, Rolland Elmore.
4. Date of Birth 2/16/1905
5. Sex. Male
7. No. months of Pregnancy. 9
8. Mother married? yes

9. Father of Child
Full name Vestal Thomas R. (47) yrs
10. Color or race. white 11. Age at time of birth
12. Birthplace, Marion county. Ohio
13. Usual occupation-farmer

15. Mother of Child
Full maiden name Cobb, Mary (44 yrs)
16. Color, white Age at time of this birth
18 Birthplace, Union county, Ohio
19. occupation, housewife.

"22 Attending physician or Midwife: Name Dr. Duke. Address Richwood, Ohio. M.D.
Applicant's birth date is incorrect, first & second name ommitted.
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.

(SEAL)

Oscar Gast
Judge of the Probate Court
of Marion County, Ohio

IN THE PROBATE COURT OF _____ COUNTY, OHIO.

In the Matter of the Correction of
The Birth Record of
Harold Washington Shirk,

No.A-284
Finding and Order
Case No.990

This day this cause came on to be heard on the application of Harold Washington Shirk, 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.4, page 176 No.288; 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 original birth record, affidavits of Harry Shirk, father, and Bertha Anthoony, cousin 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 Twp.
(c) home
(d) in this community 20 yrs.

2. Usual Residence of Mother (at time of div)
(a) State Ohio
(b) County Union
(c) Taylor Twp.

3. Full name of child Shirk, harold Washington
5. Sex. Male
Date of birth (4) 1/8/1908
(8) mother married? yes

Father of Child
(9) Full name Shirk Harry (11)
(10) color or race white-age at time of this birth 45 yrs. (12) Birthplace Union Co., Ohio
(13) usual occupation, farmer

Mother of Child
15. Full maiden name--Potts Nettie (16) color or race-white-17 age at time of this birth-43yrs.
18. Birthplace, Union County, Ohio. 19 sual occupation-housewife.
22. Attending physician: Dr. Thompson, Raymond, Ohio.

Applicant's first name incorrect and middle omitted from original birth 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

(Seal)

of Marion County, Ohio

No. A-285 (Filed June 4, 1942)

In the Probate Court of Marion County, Ohio

In the Matter of the Correction of the Birth Record of Frank Linsly Bruerd. FINDING ANDORDER Case No. 1020 This day this cause came on to be heard on the application of Frank Linsly Bruerd, 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 77 No. 200; 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 original birth record, Applicant's insurance policy No. 558678A dated Mar. 24, 1933 in The Western & Southern Life Insurance Co., Applicant's marriage record in this court. The court finds that the correct record of the birth of the applicant is as follows: 1. Place of Birth: (a) County- Union. (b) Liberty Twp. (c) Name of hospital or institution: Home (d) Mother's stay before delivery: In hospital or institution__ In this community__. 2. Usual Residence of Mother: (At time of Delivery) (a) State Ohio. (b) County Union (c) Liberty Twp. 3. Full name of child: Bruerd, Frank Linsly 4. Date of birth: 10-29-1884. 5. Sex: M. 6. Twin or triplet-- 7. Number months of pregnancy 9. 8. Mother married? yes. Father of Child: 9. Full name; Bruerd, Edward B. 10. Color or race W. 11. Age at time of this birth 35 yrs. 12. Birthplace; Shenandoan, Va. 13. Usual occupation: contractor. 14. Industry or business: General contracting. Mother of Child: 15. Full maiden name: Carter, Mary A. 16. Color or race W. 17. Age at time of this birth 35 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? 4 (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: Unknown. Applicant's middle name omitted and birth date incorrect on original birth 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 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 21st day of May, 1942. Oscar Gast Judge and Ex-Officio Clerk By Fanny Benson Deputy Clerk (Seal)

****

No. A-286 (Filed June 4, 1942)

In the Probate Court of Marion County, Ohio. In the Matter of the Correction of the Birth Record of Minnie Harriett Bean. Finding and Order. Case No.1010. This day this cause came on to be heard on the application of Minnie Harriett Roberts, 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 76 No. 269; 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 original birth record. Affidavits of Mrs. Elizabeth Galleher and Carrie Hamilton, 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) Jackson Twp. (c) Name of Hospital or institution: Home. (d) Mother's stay before delivery: In hospital or institution__ In this community 2 yrs. 2. Usual Residence of Mother: (At time of Delivery) (a) State- Ohio. (b) County-Union. (c) Jackson Twp. 3. Full name of child: Bean, Minnie Harriett 4. Date of birth: 2-23-1872. 5. Sex: F. 6. Twin or triplet---. 7. Number months of pregnancy 9. 8. Mother married? yes. Father of Child: 9. Full name- Bean, Timothy. 10. Color or race W. 11. Age at time of this birth 46 yrs. 12. Birthplace- Tiffin, Ohio. 13. Usual occupation- Farmer. 14. Industry or business____. Mother of Child: 15. Full maiden name: Tonget, Sarah. 16. Color or race W. 17. Age at time of this birth 40 yrs. 18. Birthplace-Richwood, 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?---. (b) 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. Williams, Address- Essex, Ohio. M.D.,midwife,or other M.D. Applicant's first and middle names omitted from original birth 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 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 22nd day of May, 1942. Oscar Gast Judge and Ex-Officio Clerk By Mabel F. Seiter, Deputy Clerk (Seal)

****

Union Co. No. A-292 (Filed June 9, 1942)

In the Probate Court of Franklin County, Ohio. In the Matter of the Correction of Birth Record of Wilbert McElroy Winters. Finding and Order Case No. 99728 This cause came on to be heard on the application of Wilbert McElroy Winters, for an order of the Court correcting the birth record of the applicant as it is registered in the office of Probate Court of Union County, Ohio, Birth Record Vol. 3, page 209, No. 451; 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 Edward J. Tobey and Lemuel P. Sherman, said persons having known applicant since childhood, and having personal knowledge of the facts stated in said 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) Washington Township. (c) Name of hospital or institution: At home. (d) Mother's stay before delivery: In hospitalor institution:__ In this community---. 2. Usual Residence of Mother: (At time of delivery) (a) State-Ohio.__(b) County-Union. (c) Washington Township. (d) Street No. Rural District. 3. Full Name of child: Winters, Wilbert McElroy. 4. Date of birth: September 9,1886. 5. Sex: Male 6. Twin or triplet No. 7. Number months of pregnancy 9. 8. Mother married? yes. Father of Child: 9. Full name: Winters, Thomas Jefferson. 10. Color or race: White. 11. Age at time of this birth 44 yrs. 12. Birthplace: Union County, Ohio. 13. Usual occupation: Farmer 14. Industry or business: Farming. Mother of Child: 15. Full maiden name: Morrow,Jessie Daisy. 16. Color or race: White. 17. Age at time of this birth 34 yrs. 18. Birthplace: Union County, Ohio. 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: 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. C. P. McClelland, Judge of the Probate Court of Franklin County, Ohio Filed June 8, 1942

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 8th day of June,1942. C. P. McClelland, Judge and Ex-Officio Clerk By Ellen M. Bradley Deputy Clerk (Seal)

A-314
In the Probate Court of Marion County, Ohio. In the Matter of the Correction of the Birth Record of Elta Evert Fields. FINDING AND ORDER Case No. 1138
This day this cause came on to be heard on the application of Elta Evert Fields 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 62, No. 102; 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: Record of applicant's Marriage License in this Court, Volume 15, page 221, No. 1042, and record in Family Bible. 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 (c) Name of hospital or institution: Home. (D) Mother's stay before delivery: In hospital or institution__. In this community 10 yrs. 2. Usual Residence of Mother: (At time of delivery) (a) State: Ohio. (b) County: Union. (c) Jackson Township. 3. Full name of Child: Elta Evert Fields. 4. Date of birth: 12-31-1887. 5. Sex: M. 6. Twin or triplet---. 7. Number months of pregnancy: 9. 8. Mother Married? Yes. Father of Child: 9. Full name: Fields, James Robert. 10. Color or race: W. 11. Age at time of this birth 30 yrs 12. Birthplace: Union Co. Ohio. 13. Usual occupation: Farmer. 14. Industry or Business___, Mother of Child: 15. Full maiden name: Blue, Olive. 16. Color or race: W. 17. Age at time of this birth 26 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? 1. (b) How many other children were born alive but are now dead? 1. (c) How many children were born dead? o. 22. Attending Physician or Midwife: Name: B. F. Hall Address: Richwood, Ohio. M.C., midwife, or other: M. D. First name is wrong and date of birth is incorrect. 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 1 day of July, 1942. Oscar Gast Judge and Ex-Officio Clerk By Fanny Benson, Deputy Clerk (Seal)

No. A-362 (Filed Sept. 5,1942)
In the Probate Court of Marion County, Ohio. In the matter of the Correction of the Birth Record of Walter Jesse Robbins. FINDING AND ORDER Case No. 1292
This day this cause came on to be heard on the application of Walter Jesse Robbins 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 178, No. 465; 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: Affidavits of William H. Crawford, and James Green. 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 hospital or institution__ In this community___. 2. USUAL RESIDENCE OF MOTHER: (At time of Delivery) (a) State Ohio. (b) County Union. (c) Broadway. 3. FULL NAME OF CHILD: ROBBINS, WALTER JESSE. 4. DATE OF BIRTH: 2-20-1876. 5. Sex: Male. 6. Twin or triplet ----
7. Number months of pregnancy___. 8. Mother married? yes. FATHER OF CHILD: 9. Full name-Robbins, Charles Henry. 10. Color or race. W. 11. Age at time of this birth--yrs. 12. Birthplace-Broadway, Ohio. 13. Usual occupation Laborer. 14. Industry or business____.
MOTHER OF CHILD: 15. Full maiden name Burson, Catherine. 16. Color or race W. 17. Age at time of this birth-9 yrs. 18. Birthplace: Broadway, 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? 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. Burkam. Address: Broadway. M.D., midwife, or other M.D. First and second names of applicant not recorded. 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,O. (Seal)

The State of Ohio, Marion County, ss.
I, Oscar Gast, Judge and Ex-Officio Clerk of the Probate Court 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 August, 1942. Oscar Gast, Judge and Ex-Officio Clerk By Fanny Benson Deputy Clerk (SeaL)

RECORD OF REGISTRATION OF BIRTHS

5-11—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the
Registration of Birth
In the Matter of the
of William Edward Lash

Case No. A-287

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 Twp.
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 34yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Taylor Twp.
(d) Street No.

3. Full name of child Lash William Edward

4. Date of birth Sept. 30, 1892

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Lash Charles Osmer
10. Color or race white 11. Age at time of this birth 39 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farming
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Timmons Martha Missouri
16. Color or race white 17. Age at time of this birth 34 yrs.
18. Birthplace Logan County, 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? 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. Thompson
Address Raymond, 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.*

William Edward Lash
Applicant.

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 Edward Lash
Applicant.

P. O. Address 1275 E Center St. Marion, Ohio

Sworn to before me and signed in my presence this 6 *day of* 6th June, *19* 42

Clifton L. Caryl
Notary Public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....
of .....

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

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

P. O. Address .....
Attending Physician.

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

.....
.....

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

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

Bert Lash

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 6th *day of* June, *19* 42.

Carrie W. Hornbeck
Deputy

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

I, G.F. Wood, *do hereby certify that 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.F. Wood

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 6 *day of* June, *19* 42.

Carrie W. Hornbeck
Deputy

Probate Court, Union County, Ohio

In the Matter of the
Registration of the birth
of William Edward Lash

June 6, *19* 42

Case No. A-287

ORDER FOR HEARING

This day William Edward Lash *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

.....
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

6- 6- , 19 42

In the Matter of the

REGISTRATION OF BIRTH

of William Edward Lash

Case No. A-287

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of William Edward Lash *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 Bert Lash and G.F. 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 Union
(b) Taylor Twp.
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 34 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Taylor Twp.
(d) Street No.

3. Full name of child Lash William Edward

4. Date of birth Sept.30,1892

5. Sex: M

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Lash Charles Osmer
10. Color or race white 11. Age at time of this birth 39 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farming
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Timmons Martha Missouri
16. Color or race white 17. Age at time of this birth 34 yrs.
18. Birthplace Logan County, 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? 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. Thomspon
Address Raymond, Ohio
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the
Registration of Birth
In the Matter of the
of Leo Fay Felkner

Case No. A-288

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Cuyahoga *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)
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 6 months

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Millcreek Township
(d) Street No.

3. Full name of child Felkner, Leo Fay
4. Date of birth Mar.10,1892
5. Sex: M.
6. Twin or triplet no If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Felkner, William Arthur
10. Color or race white 11. Age at time of this birth 27 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business agriculture

MOTHER OF CHILD
15. Full maiden name Jones, Ella Elizabeth
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Delaware County, 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. A. J. Pounds
Address Watkins, Ohio
M. D., midwife, or other M. D.

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.*

Leo Fay Felkner
Applicant.

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.*

Leo Fay Felkner
Applicant.

P. O. Address 1231 East Schaff Road, Cleveland, Ohio

Sworn to before me and signed in my presence this 13 *day of* June, *19*42

Carrie W. Hornbeck
Deputy

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....
of .....

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Thomas S. Jones, 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.*

Thomas S. Jones

P. O. Address Ostrander, R. 2, Ohio

Sworn to before me and signed in my presence this 13 *day of* June, *19*42.

Carrie W. Hornbeck
Deputy

(Seal)

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

I, Millie L. Calhoun 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.*

Millie L. Calhoun

P. O. Address Ostrander, Ohio, R. 2

Sworn to before me and signed in my presence this 13 *day of* June, *19*42.

Carrie W. Hornbeck
Deputy

Probate Court, Union County, Ohio

June 13, *19*42

In the Matter of the registration of birth
of Leo Fay Felkner

Case No. A-288

ORDER FOR HEARING

This day Leo Fay Felkner *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

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

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

June 13, 1942

In the Matter of the
REGISTRATION OF BIRTH
of Leo Fay Felkner

Case No. A-288

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Leo Fay Felkner *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 Thomas S. Jones and Millie L. Calhoun, 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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 6 months

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Millcreek Township
(d) Street No.

3. Full name of child Felkner, Leo Fay

4. Date of birth Mar. 10, 1892

5. Sex: M

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Felkner, William Arthur
10. Color or race white 11. Age at time of this birth 27 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business agriculture

MOTHER OF CHILD

15. Full maiden name Jones, Ella Elizabeth
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Delaware County, 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. A. J. Pounds
Address Watkins, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Marie Alice Black

Case No. A-289

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Toledo ~~xxxxx~~ *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 Township
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 20 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg Township
(d) Street No.

3. Full name of child Black Marie Alice

4. Date of birth 12/8/1902

5. Sex: Female

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Black Edward
10. Color or race white 11. Age at time of this birth 22 yrs.
12. Birthplace Leesburg Twp. Union Co. Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Jolliffe Letty
16. Color or race white 17. Age at time of this birth 20 yrs.
18. Birthplace Union County, 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. Bonner
Address Pharisburg, Ohio
M. D., midwife, or other

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.*

Marie Alice 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.*

Marie Alice Baker
Applicant.

P. O. Address 525½ Arden Place, Toledo, Ohio

Sworn to before me and signed in my presence this 8 *day of* June, *19* 42.

Carrie W. Hornbeck, Deputy Clerk

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

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

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

P. O. Address ..... *Attending Physician.*

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

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

I, Nora 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.*

Nora Elliott

P. O. Address Marysville, Ohio. # 3

Sworn to before me and signed in my presence this 8 *day of* June, *19* 42.

Carrie W. Hornbeck
Deputy Clerk

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

I, Dora Pollock, *do hereby certify that 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 Pollock

P. O. Address Marion, Ohio

Sworn to before me and signed in my presence this 8 *day of* June, *19* 42

Carrie W. Hornbeck,
Deputy clerk

Probate Court, Union County, Ohio

June 8, *19* 42

In the Matter of the registration of birth

of Marie Alice Black

Case No. A- 289

ORDER FOR HEARING

This day Marie Alice Black *appeared in open court and filed an application for the* the registration of her birth

It is ordered that hearing on said application be forthwith

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take testimony in the above application, and this cause is continued.*

John W. Bailey
Probate Judge.

(Seal)

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

June 8, 1942

In the Matter of the
REGISTRATION OF BIRTH
of Marie Alice Black

Case No. A-289

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Marie Alice Black *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 Pollock and Nora Elliott, 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) .....
(c) Name of hospital or institution: None
(d) Mother's stay before delivery:
In hospital or institution..... In this community 22 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) .....
(d) Street No. .....

3. Full name of child Black Marie Alice

4. Date of birth 12/8/1902

5. Sex: female

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Black Edward
10. Color or race white 11. Age at time of this birth 22 yrs.
12. Birthplace Leesburg Twp. Union Co. Ohio
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Jolliffe Letty
16. Color or race white 17. Age at time of this birth 20 yrs.
18. Birthplace Union County, 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. Bonner
Address Pharisburg, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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. ,ailey
Probate Judge.

(Seal)

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Louis Patterson

Case No. A-290

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville xxxx *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 Corp.
(c) Name of hospital or institution: at home (W.4th St. Marysville, Ohio)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville Corp
(d) Street No. .....

3. Full name of child Patterson Louis

4. Date of birth July 25, 1879

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Robert Patterson
10. Color or race Black 11. Age at time of this birth 28 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Jones Mary
16. Color or race Black 17. Age at time of this birth 27 yrs.
18. Birthplace Union County, Ohio
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? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Radebaugh
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 the registration of his birth *as provided by law.*

Louis Patterson
Applicant.

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 Patterson
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 9 *day of* June, *19* 42.

John W. ailey,
Probate Judge

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Velorees W. Merritt, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Velorees W. Merritt

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 9 *day of* June, *19* 42.

John W. ailey
Probate Judge

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

I, John W. Merritt, *do hereby certify that 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 W. Merritt

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 9 *day of* June, *19* 42.

John W. dailey,
Probate Judge

Probate Court, Union County, Ohio

June 9, *19* 42

In the Matter of the Registration of birth

of Louis Patterson

Case No. A- 290

ORDER FOR HEARING

This day Louis Patterson *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 of said hearing be dispensed with

It is further ordered by The Court that ..... *be and hereby is* ~~approved~~ ~~xxxx

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

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

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

June 9, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of Louis Patterson

Case No. A- 290

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Louis Patterson *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 Velorees W. Merritt and John W. Merritt; *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
(c) Name of hospital or institution: at home(West 4th St)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 27 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville Corp
(d) Street No. West 4th Street

3. Full name of child Patterson Louis

4. Date of birth July 25,1879

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Patterson Robert
10. Color or race Black 11. Age at time of this birth 28 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Jones Mary
16. Color or race Black 17. Age at time of this birth 27 yrs.
18. Birthplace Union County, 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? 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. Radebaugh
Address.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Frank Freeman Tanner

Case No. A-291

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Monroe, Michigan *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
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 28 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood
(d) Street No.

3. Full name of child Tanner Frank Freeman
4. Date of birth Oct. 18, 1896
5. Sex: male
6. Twin or triplet single If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Tanner Frank
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation laborer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Foust, Ida
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Union County, 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? 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 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 the registration of his birth, *as provided by law.*

Frank Freeman 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.*

Frank Freeman Tanner
Applicant.

P. O. Address 117 Goddfroy Ave. Monroe, Michigan

Sworn to before me and signed in my presence this 9 *day of* June, 1942.

(Seal)

John W. Dailey
Probate Judge

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

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

P. O. Address ..... *Attending Physician.*

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

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

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

Herbert E. Fields

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 9th *day of* June, *19*42.

John W. Dailey
(Seal) Probate Judge

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 9th *day of* June, *19*42.

John W. Dailey
(Seal) Probate Judge

Probate Court, Union County, Ohio

In the Matter of the registration of the birth

of Frank Freeman Tanner

June 9, 1942

Case No. A-291

ORDER FOR HEARING

This day Frank Freeman 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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

June 9, 19 42

In the Matter of the

REGISTRATION OF BIRTH

of Frank Freeman Tanner

Case No. A-291

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Frank Freeman 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 Herbert E. Fields and A. D. Parish, 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
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution..... In this community 28 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood
(d) Street No.

3. Full name of child Tanner Frank Freeman

4. Date of birth Oct. 18, 1896

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Tanner, Frank
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation laborer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Foust, Ida
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Union County, 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? 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 unknown
Address
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Christoph Louis Doelp

Case No. A-293

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 523 West Ravenwood, Youngstown *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
(c) Name of hospital or institution: None
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 28 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Darby Township
(d) Street No.

3. Full name of child Doelp Christoph Louis

4. Date of birth 11/5/1893

5. Sex: Male

6. Twin or triplet No If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Doelp John Louis
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Darby Township, Union Co. Ohio
13. Usual occupation farmer
14. Industry or business farmer

MOTHER OF CHILD
15. Full maiden name Koerner Anna Dorothea
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Darby Township, Union Co. Ohio
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 Not known
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 the registration of his birth *as provided by law.*

Christoph Louis Doelp
Applicant.

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.*

Christoph Louis Doelp
Applicant.

P. O. Address 523 West Ravenwood, Youngstown, O.

Sworn to before me and signed in my presence this 13th *day of* June, *19* 42.

William J. Porter
William J. Porter, Notary Public, State of Ohio.
Commission expires Jan. 16th, 1945

(Seal)

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the

of

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

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

I, Louis 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.*

Louis F. Otte

P. O. Address Marysville, O.

Sworn to before me and signed in my presence this 13 *day of* June, *19* 42.

John W. Dailey
Probate Judge

(Seal)

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

I, Margareth Koerner, 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.*

Margareth Koerner

P. O. Address 327 E. Fifth St. Marysville, O.

Sworn to before me and signed in my presence this 13 *day of* June, *19* 42.

John W. Dailey
Probate Judge

(Seal)

Probate Court, Union **County, Ohio**
June 13, *19* 42

In the Matter of the registration of birth

of Christoph Louis Doelp

Case No. A-293

ORDER FOR HEARING

This day Christoph Louis Doelp *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 of hearing be dispensed with.

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

(Seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

June 13th, *19* 42

In the Matter of the

REGISTRATION OF BIRTH

of Christoph Louis Doelp

Case No. A-293

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Christoph Louis Doelp *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 Louis F. Otte and Margareth Koerner, 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
(c) Name of hospital or institution: None
(d) Mother's stay before delivery:
In hospital or institution..... In this community 28 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Darby Township
(d) Street No. .....

3. Full name of child Doelp Christoph Louis
4. Date of birth 11/5/1893
5. Sex: Male
6. Twin or triplet No
If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Doelp John Louis
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Darby Township, Union Co. Ohio
13. Usual occupation farmer
14. Industry or business farmer

MOTHER OF CHILD
15. Full maiden name Koerner Anna Dorothea
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Darby Township, Union Co. Ohio
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 Not known
Address .....
.....
M. D., midwife, or other .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., *19*.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of David Miller Crandell

Case No. A-294

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Columbus, Ohio, 21, 15th Ave *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) Union Township
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 12 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Union Township
(d) Street No.

3. Full name of child Crandell, David Miller

4. Date of birth Dec. 28, 1914

5. Sex: M.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Crandell, Asa Burnham
10. Color or race white 11. Age at time of this birth 32 yrs.
12. Birthplace Irwin, Ohio
13. Usual occupation salesman
14. Industry or business electric appliances

MOTHER OF CHILD

15. Full maiden name Miller, Olive Gertrude
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Byhalia, 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. Burnham
Address Irwin, 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.*

David Miller Crandell
Applicant.

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.*

David Miller Crandell
Applicant.

P. O. Address 21, 15th Ave. Columbus, Ohio

Sworn to before me and signed in my presence this 15th *day of* June, *19* 42

William L. Coleman

(Seal) William L. Coleman, Notary Public, Union Co. Ohio. Com. exp. Aug. 17th, 1942

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

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

I, Olive G. Crandell, 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.*

Olive G. Crandell

P. O. Address Irwin, Ohio

Sworn to before me and signed in my presence this 15 *day of* June, *19* 42

William L. Coleman

(Seal) William L. Coleman, Notary Public, Union Co. Ohio. Com. exp. Aug. 17th, 42

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

I, Effie Tossey, 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.*

Effie Tossey

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 15 *day of* June, *19* 42

William L. Coleman

(Seal) William L. Coleman, Notary Public, Union Co. Ohio. Com. exp. Aug. 17th, 42

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth

of David Miller Crandell

June 15, *19* 42

Case No. 294

ORDER FOR HEARING

This day David Miller Crandell *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

June 15th, 19 42

In the Matter of the

REGISTRATION OF BIRTH

of David Miller Crandell

Case No. A-294

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of David Miller Crandell *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 Olive G. Crandell and Effie Tossey, 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
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 12 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Union Township
(d) Street No. .....

3. Full name of child Crandell, David Miller

4. Date of birth Dec. 28, 1914

5. Sex: M.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Crandell, Asa Burnham
10. Color or race white 11. Age at time of this birth 32 yrs.
12. Birthplace Irwin, Ohio
13. Usual occupation salesman
14. Industry or business electric appliances

MOTHER OF CHILD

15. Full maiden name Miller, Olive Gertrude
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Byhalia, 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? 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. Burson
Address Irwin, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of John Winkle

Case No. A-295

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 632 South Plum St. Marysville *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, Ohio
(c) Name of hospital or institution: None
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 4 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Liberty Township
(d) Street No.

3. Full name of child Winkle, John
4. Date of birth 11/20/1907
5. Sex: Male
6. Twin or triplet no If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Patrick, Pearl
10. Color or race white 11. Age at time of this birth 22 yrs.
12. Birthplace Logan County, Ohio
13. Usual occupation Farmer
14. Industry or business Farmer

MOTHER OF CHILD
15. Full maiden name Winkle, Minnie O.
16. Color or race white 17. Age at time of this birth 17 yrs.
18. Birthplace Putnam County, Ohio
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. C. L. Thompson
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 the registration of his birth, *as provided by law.*

John Winkle
Applicant.

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 Winkle
Applicant.

P. O. Address 632 South Plum Street, Marysville, Ohio.

Sworn to before me and signed in my presence this 15th *day of* June, *19* 42.

William J. Porter
Notary Public, State of Ohio

(Seal)

AFFIDAVIT

Probate Court, County, Ohio

In the Matter of the

of

The State of Ohio, County, ss:

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application 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)

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

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

Herbert Rea

P. O. Address Peoria, Ohio

Sworn to before me and signed in my presence this 17th *day of* April, *19* 43.

Betty Geer
Deputy Clerk

(Seal)

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

I, E. V. 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.*

E. V. Thompson

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 17th *day of* April, *19* 43.

Betty Geer
Deputy Clerk

(Seal)

Probate Court, Union County, Ohio

April 17, *19* 43.

In the Matter of the registration of birth

of John Winkle

Case No. A-295

ORDER FOR HEARING

This day John Winkle *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

April 17, 1943

In the Matter of the

REGISTRATION OF BIRTH

of John Winkle

Case No. A-295

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of John Winkle *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 Herbert Rea and E. V. Thompson, 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
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution..... In this community 4 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Liberty Township
(d) Street No. .....

3. Full name of child Winkle, John

4. Date of birth 11/20/1907

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? No.

FATHER OF CHILD
9. Full name Patrick, Pearl
10. Color or race white 11. Age at time of this birth 22 yrs.
12. Birthplace Logan County, Ohio
13. Usual occupation Farmer
14. Industry or business Farmer

MOTHER OF CHILD
15. Full maiden name Winkle, Minnie O.
16. Color or race white 17. Age at time of this birth 17 yrs.
18. Birthplace Putnam County, Ohio
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. C. L. Thompson
Address York, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Lowell Bell (Paulding Co)

Case No. A- 296

APPLICATION

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

1. PLACE OF BIRTH:	2. USUAL RESIDENCE OF MOTHER:
(a) County	*(a)* State .....
(b)	*(b)* County .....
(c) Name of hospital or institution:	*(c)* .....
(d) Mother's stay before delivery: In hospital or institution.....In this community.....	*(d)* Street No. .....

3. Full name of child..... 4. Date of birth.....

5. Sex:	6. Twin or triplet	If so—born 1st, 2nd, or 3d	7. Number months of pregnancy	8. Mother married?
.....	.....	.....	.....	.....

FATHER OF CHILD	MOTHER OF CHILD
9. Full name	15. Full maiden name.....
10. Color or race..... 11. Age at time of this birth.....yrs.	16. Color or race..... 17. Age at time of this birth.....yrs.
12. Birthplace	18. Birthplace .....
13. Usual occupation	19. Usual occupation .....
14. Industry or business.....	20. Industry or business.....
21. Children born to this mother:	22. Attending Physician or Midwife:
(a) How many other children of this mother are now living?.....	Name .....
(b) How many other children were born alive but are now dead?.....	Address .....
(c) How many children were born dead?.....	.....
	M. D., midwife, or other.....

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.....

.....
.....

AFFIDAVIT

Probate Court,.....County, Ohio

In the Matter of the

.....

of .....

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

I, ..., do hereby certify that I was the physician in attendance at the birth of....., the applicant herein, and that the facts stated in the application 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,.....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.....

.....
.....

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.....

.....
.....

Probate Court,.....County, Ohio

In the Matter of the

.....

of .....

....., 19.....

Case No. 296

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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.

.....
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Paulind **County, Ohio**

June 15, *19* 42

In the Matter of the

REGISTRATION OF BIRTH

of Lowell Bell

Case No. A- 296, Union County

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lowell Bell *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 Barker and Lewis Barker, 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 Paulding
(b) Village of Byhalia
(c) Name of hospital or institution: None
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Paulding
(c) Bluescreek Township
(d) Street No. .....

3. Full name of child Bell Lowell
4. Date of birth 5/10/1888
5. Sex: Male
6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Bell, Alexander Thomas
10. Color or race white 11. Age at time of this birth 38 yrs.
12. Birthplace Washington Co. Pa
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD
15. Full maiden name Livingston, Jennie
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Union County, Ohio
19. Usual occupation Housewife
20. Industry or business Housekeeping

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? 1
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Mrs. Bert Thompson
Address Byhalia, Ohio
.....
M. D., midwife, or other midwife

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

Certified Copy from Probate Court of
Paulding County, Ohio $1.00 fee paid

Fred Carr
Probate Judge.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., *19*.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Floyd Alburn Firestone

Case No. A- 297

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Ann Arbor, Michigan ~~XXXXXX~~ *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
(c) Name of hospital or institution: Edge of Marysville
(d) Mother's stay before delivery:
In hospital or institution ..... In this community life

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No.

3. Full name of child Firestone, Floyd Alburn
4. Date of birth Sept. 21, 1898
5. Sex: male
6. Twin or triplet no If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Firestone, Arlo Wallace
10. Color or race white 11. Age at time of this birth 26 yrs.
12. Birthplace Spencer Ohio
13. Usual occupation Mgr. David Chair Factory
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Bonnette, Myrtle
16. Color or race white 17. Age at time of this birth 21 yrs.
18. Birthplace Union County, Ohio
19. Usual occupation farmer's daughter
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. F. White
Address Marysville, Ohio
M. D., midwife, or other

Your applicant further represents that the registration of his *birth* is not recorded, for reasons not known to him.

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

Floyd Alburn Firestone
Applicant.

The State of ~~Ohio~~, XXX Michigan, Washtenaw County.

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

Floyd Alburn Firestone
Applicant.

P. O. Address Randall Laboratory, Ann Arbor, Mich.

Sworn to before me and signed in my presence this 15th *day of* June, *19* 42.

Thomas F. Biddle
(Seal) Notary Public, My com. expires Dec. 20, 1944

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

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

P. O. Address .....
Attending Physician.

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

(Seal)

The State of Ohio, Union County, ss:

I, Catherine M McIntire, 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.*

Catherine M. McIntire

P. O. Address 66½ S. Grant Ave. Columbus, Ohio

Sworn to before me and signed in my presence this 7 *day of* July, *19* 42.

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union County, ss:

I, Delilah L. Seaman, 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.*

Delilah L. Seaman

P. O. Address 66½ Grant Ave. Columbus, Ohio

Sworn to before me and signed in my presence this 7 *day of* July, *19* 42.

Carrie W. Hornbeck
Deputy

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Floyd Alburn Firestone

June 16, *19* 42

Case No. A-297

ORDER FOR HEARING

This day Floyd Alburn Firestone *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 Roscoe O. Bonisteel, 201 Wolverine Bldg. Ann Arbor, Michigan, *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal)

John W. Dailey
Probate Judge.

For Deposition, see page 603.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

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

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

July 7, 19 42

In the Matter of the

REGISTRATION OF BIRTH

of Floyd Alburn Firestone

Case No. A-297

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Floyd Alburn Firestone *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* the testimony of Catherine M. McIntire and Delilah L. Seaman, 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
(c) Name of hospital or institution: Edge of Marysville
(d) Mother's stay before delivery:
In hospital or institution..... In this community life

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No. .....

3. Full name of child Firestone Floyd Alburn
4. Date of birth Sept. 21, 1898
5. Sex: male
6. Twin or triplet no If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Firestone, Arlo Wallace
10. Color or race white 11. Age at time of this birth 26 yrs.
12. Birthplace Spencer, Ohio
13. Usual occupation Mgr. Davis Chair Factory
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Bonnette, Myrtle
16. Color or race white 17. Age at time of this birth 21 yrs.
18. Birthplace Union County, Ohio
19. Usual occupation farmer's daughter
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. F. White
Address Marysville, Ohio
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Paul Eugene Collier

Case No. A-298

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Toledo, Lucas *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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 34 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood, Ohio
(d) Street No.

3. Full name of child Collier, Paul Eugene

4. Date of birth July 3, 1898

5. Sex: M.

6. Twin or triplet none If so—born 1st, 2nd, or 3d single

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Collier, Winfield, Scott
10. Color or race white 11. Age at time of this birth 36 yrs.
12. Birthplace Union County Ohio
13. Usual occupation carpenter
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Sheppard, Hannah
16. Color or race white 17. Age at time of this birth 34 yrs.
18. Birthplace white
19. Usual occupation Union County, Ohio
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? 0

22. Attending Physician or Midwife:
Name Dr. W. B. Duke
Address Richwood, 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.*

Paul Eugene 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.*

Paul Eugene Collier
Applicant.

P. O. Address 731 Locust St. Toledo, Ohio

Sworn to before me and signed in my presence this 16th *day of* June, *19* 42

Clifton L. Caryl
(Seal) Clifton L. Caryl, Notary Public, Union County, Ohio

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the

of

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

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

P. O. Address .....

Attending Physician.

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

(Seal)

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 16 *day of* June, *19* 42.

Clifton L. Caryl
(Seal) Clifton L. Caryl, Notary Public, Union County, Ohio

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 16 *day of* June, *19* 42.

Clifton L. Caryl
(Seal) Clifton L. Caryl, Notary Public, Union County, Ohio

Probate Court, Union **County, Ohio**

June 16, *19* 42

In the Matter of the registration of birth

of Paul Eugene Collier

Case No. A-298

ORDER FOR HEARING

This day Paul Eugene 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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

June 16, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of Paul Eugene Collier

Case No. A-298

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Paul Eugene 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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution In this community 34 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood
(d) Street No.

3. Full name of child Collier, Paul Eugene
4. Date of birth July 3, 1898
5. Sex: M.
6. Twin or triplet single If so—born 1st, 2nd, or 3d single
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Collier, Winfield Scott
10. Color or race white 11. Age at time of this birth 36 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation carpenter
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Sheppard, Hannah
16. Color or race white 17. Age at time of this birth 34 yrs.
18. Birthplace Union County, 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? 1
(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

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Alfred Starr Bennett

Case No. A 299

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Pratt Kansas ~~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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Milford Center
(c)
(d) Street No.

3. Full name of child Bennett Alfred Starr

4. Date of birth Apr 2, 1895

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Bennett Alfred Willard
10. Color or race white 11. Age at time of this birth 27 yrs.
12. Birthplace Olney, Illinois
13. Usual occupation merchant
14. Industry or business Coal dealer

MOTHER OF CHILD
15. Full maiden name Starr Ora Dell
16. Color or race white 17. Age at time of this birth 23 yrs.
18. Birthplace New Albany, 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. Willis.
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 registration of his birth, *as provided by law.*

Alfred Starr Bennett
Applicant.

The State of ~~Ohio~~ Kansas, Pratt **County.**

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

Alfred Starr Bennett
Applicant.

P. O. Address 219 S. Pine St. Pratt, Kansas

Sworn to before me and signed in my presence this 15 *day of* June, *19* 42

W.A.Hess

Commissione expires: 8/31/1942

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

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

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

P. O. Address ..... *Attending Physician.*

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

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

I, Mabelle Newlove 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.*

Mabelle Newlove

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 23 *day of* June, *19* 42

Carrie W. Hornbeck-deputy clerk
Probate Judge

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

I, Anna N. Taylor, 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.*

Anna N. Taylor

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 23 *day of* June, *19* 42

Carrie W. Hornbeck-deputy clerk
John W. Dailey, Probate Judge

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of Alfred Starr Bennett

June 17, *19* 42

Case No. 2464

ORDER FOR HEARING

This day Alfred Starr Bennett *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 William B. Hess, Pratt, Kansas *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

See Page 605 for deposition.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

June 23, 1942

In the Matter of the
REGISTRATION OF BIRTH
of Alfred Starr Bennett

Case No. A-299

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Alfred Starr Bennett *for an order of The Court directing the registration of* his *birth.* William B. Hess, a 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 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) Milford Center
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Milford Center
(d) Street No.

3. Full name of child Bennett Alfred Starr
4. Date of birth Apr 2, 1895
5. Sex: male
6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Bennett Alfred Willard
10. Color or race white 11. Age at time of this birth 23 yrs.
12. Birthplace Olney Illinois
13. Usual occupation merchant
14. Industry or business coal dealer

MOTHER OF CHILD
15. Full maiden name Starr Ora Dell
16. Color or race white 17. Age at time of this birth 23 yrs.
18. Birthplace New Albany, 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. Willis
Address Milford Center
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Maurice Louis Cody

Case No. A- 302

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Fostoria *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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 19 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Dover
(d) Street No.

3. Full name of child Cody Maurice Louis

4. Date of birth Aug. 5, 1913

5. Sex: M

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

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Cody, Bernard H.
10. Color or race white 11. Age at time of this birth 24 yrs.
12. Birthplace Union Co. Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Williams, Erdean
16. Color or race white 17. Age at time of this birth 19 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? 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. Victor Weiler
Address Ostrander, 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.*

Maurice Louis 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 he *verily believes.*

Maurice Louis Cody
Applicant.

P. O. Address Fostoria, Ohio

Sworn to before me and signed in my presence this 20th *day of* June, *19* 42

Helen Hawke
Notary Public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Bernard H. 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.*

Bernard H. Cody

P. O. Address Toledo, Ohio

Sworn to before me and signed in my presence this 20 *day of* June, *19* 42

Helen Hawke
Notary Public

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

I, Catherine C. Mackan, 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.*

Catherine C. Mackan

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

Probate Court, Union County, Ohio

June 20, *19* 42

In the Matter of the Registration of the Birth

of MauriceLouis Cody

Case No. a 302

ORDER FOR HEARING

This day Maurice Louis 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 of said hearing be dispensed with

It is further ordered by The Court that ~~xxxx

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

June 20, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of Maurice Louis Cody

Case No. A-302

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Maurice Louis Cody *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 Bernard H. Cody and Catherine C. Mackan, 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) Dover
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 19 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Dover
(d) Street No.

3. Full name of child Cody Maurice Louis

4. Date of birth Aug. 5, 1913

5. Sex: M

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Cody, Bernard H
10. Color or race w 11. Age at time of this birth 24 yrs.
12. Birthplace Union Co. Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Williams Erdean
16. Color or race w 17. Age at time of this birth 19 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? 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. Victor Weller
Address Ostrander, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of William Watts Turney

Case No. A- 303

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Cuyahoga Falls, O *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) Magnetic Springs
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 8yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Magnetic Springs, Leesburg
(d) Street No.

3. Full name of child Turney William Watts

4. Date of birth 6/13/1904

5. Sex: M.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Turney Richard Clinton
10. Color or race white 11. Age at time of this birth 38 yrs.
12. Birthplace Delaware Co, Ohio
13. Usual occupation merchant
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Watts, Maude Azuba
16. Color or race white 17. Age at time of this birth 33 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? 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. M.B. Newhouse
Address Magnetic Springs, Ohio
M. D., midwife, or other

Your applicant further represents that the registration of 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 Watts Turney
Applicant.

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 Watts Turney
Applicant.

P. O. Address Cuyahoga Falls, Ohio

Sworn to before me and signed in my presence this 20th *day of* June, *19* 42

Undine Dailey
Deputy Clerk

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Richard Clinton Turney, 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.*

Richard Clinton Turney

P. O. Address Delaware, Ohio

Sworn to before me and signed in my presence this 20th *day of* June, *19* 42.

Undine Dailey
Deputy Clerk

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

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

Maude A. Turney

P. O. Address Delaware, Ohio

Sworn to before me and signed in my presence this 20th *day of* June, *19* 42.

Undine Dailey
Deputy Clerk

Probate Court, Union County, Ohio

June 20, *19* 42

In the Matter of the Registration of the Birth

of William Watts Turney

Case No. a 303

ORDER FOR HEARING

This day William Watts Turney *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

June 20, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of William Watts Turney

Case No. a 303

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of William Watts Turney *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 Richard Clinton Turney and Maude Azuba Turney, 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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 8 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Magnetic Springs
(d) Street No.

3. Full name of child Turney William Watts

4. Date of birth 6/13/1904

5. Sex: M

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Turney Richard Clinton
10. Color or race white 11. Age at time of this birth 38 yrs.
12. Birthplace Delaware Co, Ohio
13. Usual occupation Merchant
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Watts Maude Azuba
16. Color or race white 17. Age at time of this birth 33 yrs.
18. Birthplace Union County, 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? 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. M. B. Newhouse
Address Magnetic Springs, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Ermah Louise Mather

Case No. A- 307

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Milwaukee, Wis XXXXXXX *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 Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 2 Weeks

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Delaware
(c) Thompson Township
(d) Street No.

3. Full name of child Mather Ermah Louise

4. Date of birth Aug 8, 1904

5. Sex: Female

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Mather George Lowell
10. Color or race white 11. Age at time of this birth 20 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Teaching School
14. Industry or business Teaching School

MOTHER OF CHILD

15. Full maiden name Hoskins Kathryn
16. Color or race white 17. Age at time of this birth 19 yrs.
18. Birthplace Union County, 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. Bonner
Address Pharisburg, Ohio
M. D., midwife, or other M. D

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.*

Ermah Louise 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 she *verily believes.*

Ermah Louise Mather
Applicant.
P. O. Address 95 South Superior Ave Milwaukee, Wis

Sworn to before me and signed in my presence this 25 *day of* June, 1942.

Helen Hawke, Notary Public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

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

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

P. O. Address .....
Attending Physician.

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

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

I, Kathryn Mather, 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.*

Kathryn Mather

P. O. Address Milwaukee, Wis

Sworn to before me and signed in my presence this 25 *day of* June, *19* 42.

Helen Hawke, Notary Public

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

I, Imogene Hull, the 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.*

Imogene Hull

P. O. Address Richwood, R. 3

Sworn to before me and signed in my presence this 25 *day of* June, *19* 42.

Helen Hawke, Notary Public

Probate Court, Union County, Ohio

June 25, 1942

In the Matter of the registration of birth

of Ermah Louise Mather

Case No. A- 307

ORDER FOR HEARING

This day Ermah Louise Mather *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Bailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

June 25, *19* 42

In the Matter of the
REGISTRATION OF BIRTH
of Ermah Louise Mather

Case No......

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Ermah Louise Mather *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 affidavits of mother and aunt, two credible witnesses, and their testimony in 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) Leesburg Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 2 wks

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Delaware
(c) Thompson Township
(d) Street No.

3. Full name of child Mather Ermah Louise
4. Date of birth Aug 8, 1904
5. Sex: Female
6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Mather George Lowell
10. Color or race white 11. Age at time of this birth 20 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Teaching School
14. Industry or business Teaching School

MOTHER OF CHILD
15. Full maiden name Hoskins Kathryn
16. Color or race white 17. Age at time of this birth 20 yrs.
18. Birthplace Union County, 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. Bonner
Address Pharisburg, Ohio
M. D., midwife, or other M. D

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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. ailey
Probate Judge.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., *19*.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Francis Rudolph Brian

Case No. A- 309

APPLICATION

Your applicant respectfully represents that he *was born in* Marysville *County, Ohio; that* he *now resides in* Indianapolis, Ind. ~~XXXXXXXX~~ *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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 6 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No. East Eight St.

3. Full name of child Brian Francis Rudolph
4. Date of birth 1/15/1886
5. Sex: Male
6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Brian Nicholas
10. Color or race white 11. Age at time of this birth 33 yrs.
12. Birthplace Toledo, Ohio
13. Usual occupation stone cutter
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Finckler Katie Amelia
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Holstein, Germany
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. Southard
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.*

Francis Rudolph Brian
Applicant.

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 Rudolph Brian
Applicant.

P. O. Address Indianapolis, Indiana

Sworn to before me and signed in my presence this 27 *day of* June, *19* 42

Clifton L. Caryl
Notary Public

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the .....

of .....

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

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

P. O. Address .....
Attending Physician.

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

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

I, Frank 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.*

Frank Courter

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 27 *day of* June, *19* 42

John W. Dailey
Probate Judge

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* .....

Probate Court, Union **County, Ohio**

June 27, *19* 42

In the Matter of the Registration of the birth
of Francis Rudolph Brian

Case No. A-309

ORDER FOR HEARING

This day Francis Rudolph Brian *appeared in open court and filed an application for the* reistration 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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

June 27, 19 42

In the Matter of the

REGISTRATION OF BIRTH

of Francis Rudolph Brian

Case No. A-309

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Francis Rudolph Brian *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 B. Courter and ducumentary evidence; *that notice of the hearing on said application has been* dispemsed 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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 6 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville,
(d) Street No. E. 8th St

3. Full name of child Brian Francis Rudolph

4. Date of birth 1/ 15/ 1886

5. Sex: M

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Brian Nicholas
10. Color or race white 11. Age at time of this birth 33 yrs.
12. Birthplace Toledo, Ohio
13. Usual occupation Stone cutter
14. Industry or business Stone cutting

MOTHER OF CHILD
15. Full maiden name Finkler Katie Amelia
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Holstein, Germany
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. Southard
Address Marysville, Ohio
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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. ailey
Probate Judge.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of Birth

of John Clarence McEntire

Case No. A-310

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* R.F.D.#4, Marion, Ohio ~~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) Sumersville York
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 30 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Sumersvile, York
(d) Street No.

3. Full name of child McEntire John Clarence

4. Date of birth June 7, 1903

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name McEntire, John William
10. Color or race white 11. Age at time of this birth 36 yrs.
12. Birthplace Marysville, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Orders, Laura
16. Color or race white 17. Age at time of this birth 36 yrs.
18. Birthplace Franklin County, 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? 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 James Hunt, deceased
Address Bokes Creek
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.*

John Clarence 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.*

John Clarence McEntire
Applicant.

P. O. Address R.F.D. #4, Marion, Ohio

Sworn to before me and signed in my presence this 29th *day of* June, *19*42.

Carrie W. Hornbeck
Deputy

(Seal)

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the

of

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

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

P. O. Address .....

Attending Physician.

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

.....

.....

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

I, Nellie 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.*

Nellie Williams

P. O. Address Radnor, Ohio

Sworn to before me and signed in my presence this 29 *day of* June, *19*42.

Carrie W. Hornbeck
Deputy

(Seal)

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

I, Jesse Williams, 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.*

Jesse Williams

P. O. Address Radnor, Ohio

Sworn to before me and signed in my presence this 29 *day of* June, *19*42.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union **County, Ohio**

June 29, *19*42

In the Matter of the Registration of the Birth

of John Clarence McEntire

Case No. 370

ORDER FOR HEARING

This day John Clarence 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 thereof be dispensed with.

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

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

June 29, 19 42

In the Matter of the

REGISTRATION OF BIRTH

of John Clarence McEntire

Case No. A-310

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of John Clarence 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 Jesse Williams, brother in law and Mrs. Nellie Williams, 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 Union
(b) Sumersville
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 30 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Sumersville, York
(d) Street No.

3. Full name of child McEntire John Clarence

4. Date of birth June 7, 1903

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name McEntire John William
10. Color or race white 11. Age at time of this birth 36 yrs.
12. Birthplace Marysville, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Orders, Laura
16. Color or race white 17. Age at time of this birth 36 yrs.
18. Birthplace Franklin County, 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? 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 James Hunt, deceased
Address Bokes Creek
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Kenneth Gardner Noteman

Case No. A-311

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) Jerome
(c) Name of hospital or institution: At home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 2 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jerome
(d) Street No.

3. Full name of child Noteman Kenneth Gardner

4. Date of birth Mar. 13, 1922

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Noteman, Orville Evans
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Cantner Imogene
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace Union County, 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?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name W. D. Gardner, deceased
Address Plain City, Ohio
M. D., midwife, or other

Your applicant further represents that the registration of his *birth* is not recorded and that it be recorded as Kenneth Gardner Noteman

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

Kenneth Gardner Noteman
Applicant.

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.*

Kenneth Gardner Noteman
Applicant.

P. O. Address 918 N. Limestone St. Springfield, Ohio

Sworn to before me and signed in my presence this 2nd *day of* July, *19* 42

Carrie W. Hornbeck
Deputy

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

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

I, Imogene Noteman, mother of Kenneth Gardner 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.*

Imogene Noteman

P. O. Address Plain City, Ohio, R.D. # 3

Sworn to before me and signed in my presence this 2nd *day of* July, *19* 42.

Carrie W. Hornbeck
Deputy

(Seal)

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

I, Garnet Mercer, aunt of Kenneth Gardner 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.*

Garnet Mercer

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 2nd *day of* July, *19* 42.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

July 2, *19* 42.

In the Matter of the registration of birth

of Kenneth Gardner Noteman

Case No. A-311

ORDER FOR HEARING

This day Kenneth Gardner Noteman *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

(Seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

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

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

July 2, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of Kenneth Gardner Noteman

Case No. A-311

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Kenneth Gardner Noteman *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 Imogene Noteman, his mother, and Mrs. W.E.Mercer, his aunt, 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
(c) Name of hospital or institution: At home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 2 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jerome
(d) Street No.

3. Full name of child Noteman Kenneth Gardner

4. Date of birth Mar.13,1922

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Noteman Orville Evans
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Cantner, Imogene
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace Union County, 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 W. D. Gardner, deceased
Address Plain City, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Richard Firman Cassiday

Case No. A-312

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Akron, Ohio ~~xxxxxxxx~~ *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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 27 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Clibourne
(d) Street No.

3. Full name of child Cassiday Richrad Firman

4. Date of birth June 7, 1887

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Cassiday John
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Farming
14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Long Maria Elizabeth
16. Color or race white 17. Age at time of this birth 27 yrs.
18. Birthplace Union County, 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? 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. T. F. Wurtzbaugh
Address Richwood, 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.*

Richard Firman Cassiday
Applicant.

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 Firman Cassiday
Applicant.

P. O. Address 544 W. Bowery St. Akron, Ohio

Sworn to before me and signed in my presence this 1 *day of* July, *19* 42

Alnet Mayer, Notary Public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Joseph E. Long, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Jos E. Long

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 1 *day of* July, *19* 42

John W. Bailey

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

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

Malinda Strait

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 1 *day of* July, *19* 42

John W. Bailey

Probate Court, Union County, Ohio

In the Matter of the Registration of birth

of Richard Firman Cassiday

July 1, *19* 42

Case No. A-312

ORDER FOR HEARING

This day Richard Cassiday *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

~~xxxxxxx

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

July 1st, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of Richard Firman Cassiday

Case No. A-312

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Richard Firman Cassiday *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 Joseph E. Long and Malinda Strait, 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
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution..... In this community 27 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Claibourne
(d) Street No.

3. Full name of child Cassiday Richard Firman

4. Date of birth June 7, 1887

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Cassiday John
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Long Maria Elizabeth
16. Color or race white 17. Age at time of this birth 27 yrs.
18. Birthplace Union County, 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? 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. T. F. Wurtzbaugh
Address Richwood, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Stella Malinda Cassiday

Case No. A-313

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 223 West 7th St. Marysville *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
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution no In this community 22 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union County
(c) Claibourne
(d) Street No.

3. Full name of child Cassiday Stella Malinda

4. Date of birth Sept. 5, 1882

5. Sex: female

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Cassiday John
10. Color or race white 11. Age at time of this birth 25 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business farming

MOTHER OF CHILD
15. Full maiden name Long Maria Elizabeth
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Union County, 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? 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. T. F. Wurtzbaugh
Address Richwood, Ohio
M. D., midwife, or other

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.*

Stella Malinda Cassiday now 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.*

Stella Malinda Cassiday now Orr
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 1st *day of* July, *19* 42.

Alnet Mayer
(Seal) Alnet Mayer, Notary Public

AFFIDAVIT

Probate Court, County, Ohio

In the Matter of the

of

The State of Ohio, County, ss:

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

P. O. Address
Attending Physician.

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

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

I, Joseph E. Long, 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.*

J. E. Long

P. O. Address Richwood, Ohio, Rt. # 5

Sworn to before me and signed in my presence this 1st *day of* July, *19* 42.

John W. Dailey
Probate Judge

(Seal)

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

I, Malinda Strait, 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. Malinda Strait

P. O. Address Richwood, Ohio, Rt. # 5

Sworn to before me and signed in my presence this 1st *day of* July, *19* 42.

John W. Dailey
Probate Judge

(Seal)

Probate Court, Union County, Ohio

July 1st, *19* 42

In the Matter of the registration of the birth
of Stella Malinda Cassiday

Case No. A 313

ORDER FOR HEARING

This day Stella Malinda Cassiday *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 notice of hearing be dispensed with.

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

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

July 1st, *19* 42

In the Matter of the
REGISTRATION OF BIRTH
of Stella Malinda Cassiday

Case No. A-313

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Stella Malinda Cassiday *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 Joseph E. Long and Malinda Strait, 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
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution..... In this community 22 yr.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union County
(c) Claibourne
(d) Street No. .....

3. Full name of child Cassiday Stella Malinda

4. Date of birth Sept. 5, 1882

5. Sex: female

6. Twin or triplet no

If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Cassiday, John
10. Color or race white 11. Age at time of this birth 25 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Long, Maria Elizabeth
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Union County, 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? 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. T. F. Wurtzbaugh
Address Richwood, Ohio
.....
M. D., midwife, or other .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., *19*.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of David Eldon Wade

Case No. A-318

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* West Mansfield, 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) York
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 26 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) York
(d) Street No. .....

3. Full name of child Wade, David Eldon

4. Date of birth June 21, 1900

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Wade John Archie
10. Color or race white 11. Age at time of this birth 29 yrs.
12. Birthplace Hardin County, Ohio
13. Usual occupation farming
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Penhorwood, Mary Elizabeth
16. Color or race white 17. Age at time of this birth 26 yrs.
18. Birthplace York Twp., 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? 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 West Mansfield, Ohio
M. D., midwife, or other .....

Your applicant further represents that the registration of his *birth* is not recorded and that it be recorded as David Eldon Wade

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

David Eldon Wade
Applicant.

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.*

David Eldon Wade
Applicant.

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 18th *day of* July, *19* 42

Carrie W. Hornbeck
Deputy

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

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

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

P. O. Address .....
Attending Physician.

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

.....

.....

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

I, Mary Elizabeth Wade, mother of David Eldon Wade, *do hereby certify that 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 Elizabeth Wade

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 18th *day of* July, *19* 42

Carrie W. Hornbeck
Deputy

(Seal)

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

I, Jason Coons, father-in-law of David Eldon Wade, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Jason Coons

P. O. Address East Liberty, Ohio

Sworn to before me and signed in my presence this 18th *day of* July, *19* 42.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

July 18, *19* 42

In the Matter of the registration of birth

of David Eldon Wade

Case No. A-318

ORDER FOR HEARING

This day David Eldon Wade *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

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

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

July 18, 19 42

In the Matter of the

REGISTRATION OF BIRTH

of David Eldon Wade

Case No. A-318

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of David Eldon Wade *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 Mary Elizabeth Wade, his mother, and Jason Coons, his father-in-law, 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
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 26 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) York
(d) Street No.

3. Full name of child Wade David Eldon

4. Date of birth June 21, 1900

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Wade, John Archie
10. Color or race white 11. Age at time of this birth 29 yrs.
12. Birthplace Hardin County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Penhorwood, Mary Elizabeth
16. Color or race white 17. Age at time of this birth 26 yrs.
18. Birthplace York Twp. Union County, 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? 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 West Mansfield, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Phoebe Ann Spillman

Case No. A-320

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Marysville RD#2 *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) Millcreek
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution none In this community 3 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Millcreek
(d) Street No.

3. Full name of child Spillman, Phoebe Ann

4. Date of birth Oct. 18, 1908

5. Sex: F.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Spillman Henry Isaac
10. Color or race white 11. Age at time of this birth 60 yrs.
12. Birthplace Franklin County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Watson, Sarah Belle
16. Color or race white 17. Age at time of this birth 43 yrs.
18. Birthplace Johnstown, Pa.
19. Usual occupation white
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 not known
Address
M. D., midwife, or other

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.*

Phoebe Ann Spillman
Applicant.

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.*

Phoebe Ann Spillman
Applicant.

P. O. Address Marysville RD#2

Sworn to before me and signed in my presence this 14th *day of* July, *19* 42.

Alnet Mayer
Notary Public

AFFIDAVIT

Probate Court, County, Ohio

In the Matter of the

of

The State of Ohio, County, ss:

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

P. O. Address
Attending Physician.

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

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

I, Myrtle Owens, *do hereby certify that 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 Owens

P. O. Address Marysville RD#2

Sworn to before me and signed in my presence this 15th *day of* July, *19* 42.

Undine Dailey
Deputy Clerk

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

I, Myrtle Kilgore, *do hereby certify that 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 Kilgore

P. O. Address West 6th st. Marysville, Ohio

Sworn to before me and signed in my presence this 15th *day of* July, *19* 42.

Undine Dailey
Deputy Clerk

Probate Court, Union County, Ohio

July 14, *19* 42

In the Matter of the Registration of the Birth

of Phoebe Ann Spillman

Case No. a-320

ORDER FOR HEARING

This day Phoebe Ann Spillman *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

July 14th, *19* 42

In the Matter of the
REGISTRATION OF BIRTH
of Phoebe Ann Spillman

Case No. A-320

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Phoebe Ann Spillman *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 Myrtle Owens and Myrtle Kilgore, 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) Millcreek twp.
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution none In this community 3 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Millcreek
(d) Street No.

3. Full name of child Spillman, Phoebe Ann
4. Date of birth Oct.18,1908
5. Sex: female
6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Spillman, Herny Isaac
10. Color or race white 11. Age at time of this birth 60 yrs.
12. Birthplace Franklin County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Watson, Sarah Belle
16. Color or race white 17. Age at time of this birth 43 yrs.
18. Birthplace Johnstown, Pa.
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 not known
Address .....
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., *19*.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Asa Robert Smart

Case No. A-321

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville, xxxx *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) Mill creek Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 25 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Millcreek Township
(d) Street No.

3. Full name of child Smart Asa Robert

4. Date of birth May 15, 1913

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Smart Ashton Vernon
10. Color or race white 11. Age at time of this birth 40 yrs.
12. Birthplace Millcreek Twp. Union County
13. Usual occupation farmer
14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Parmelee Lillian
16. Color or race white 17. Age at time of this birth 35 yrs.
18. Birthplace Grandville, Licking County, 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? 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. Victor Weller
Address Ostrander, 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 rgfstration of his birth, *as provided by law.*

Asa Robert Smart
Applicant.

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.*

Asa Robert Smart
Applicant.

P. O. Address 330 S. Main St. Marysville, Ohio

Sworn to before me and signed in my presence this 16 *day of* July, *19* 42

Elnet Mayer, Notary Public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Lillian Smart, 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.*

Lillian Smart

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 16 *day of* July, *19* 42.

Carrie W. Hornbeck, deputy clerk

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

I, Anne Kirkland, 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.*

Anne Kirkland

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 16 *day of* July, *19* 42.

Carrie W. Hornbeck, deputy clerk

Probate Court, Union County, Ohio

July 16, *19* 42.

In the Matter of the registration of birth

of Asa Robert Smart

Case No. A-321

ORDER FOR HEARING

This day Asa Robert Smart *appeared in open court and filed an application for the* registratuon of his birth

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

xxxx

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

July 16, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of Asa Robert Smart

Case No. A- 321

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Asa Robert Smart *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 Lillian Smart and Anne Kirkland, two 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) Millcreek Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 25 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Millcreek Township
(d) Street No.

3. Full name of child Smart Asa Robert

4. Date of birth May 15, 1913

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Smart Ashton Vernon
10. Color or race white 11. Age at time of this birth 40 yrs.
12. Birthplace Millcreek Township, Union County
13. Usual occupation farmer
14. Industry or business farming

MOTHER OF CHILD
15. Full maiden name Parmelee Lillian
16. Color or race white 17. Age at time of this birth 35 yrs.
18. Birthplace Grandville, Licking County, 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? 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. Victor Weller,
Address Ostrander, Ohio
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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. ailey
Probate Judge.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Edna Cleo Braun

Case No. A-322

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Lulinf Texas XXXXXXXXX; *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, Ohio
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 24 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) East 5th Street
(d) Street No. Marysville, Ohio

3. Full name of child Braun Edna Cleo

4. Date of birth 5/31/1893

5. Sex: female

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Braun John Christopher
10. Color or race white 11. Age at time of this birth 24 yrs.
12. Birthplace Marysville, Ohio
13. Usual occupation tailor
14. Industry or business tailor

MOTHER OF CHILD

15. Full maiden name Von Derau Elizabeth
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace Marysville, 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? one
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Trell Henderson
Address Marysville, Ohio
M. D., midwife, or other

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.*

Edna Cleo Braun Petty *Applicant.*

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 Cleo Braun Petty *Applicant.*

P. O. Address Luling, Texas

Sworn to before me and signed in my presence this 16th *day of* July, *19* 42.

William J. Porter, Notary Public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Elizabeth Wilgus, 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 Wilgus

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 17 *day of* July, *19* 42

Carrie W. Hornbeck, deputy clerk

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

I, Charles Asman, *do hereby certify that 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 Asman

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 16 *day of* June, *19* 42.

Carrie W. Hornbeck, deputy clerk

Probate Court, Union County, Ohio

July 17, *19* 42

In the Matter of the registration of birth

of Edna Cleo Braun

Case No. A-322

ORDER FOR HEARING

This day Edna Cleo Braun *appeared in open court and filed an application for the* registration of her birth

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

XXXXXXXX

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

June 17, 1942

In the Matter of the

REGISTRATION OF BIRTH

of Edan Cleo Braun

Case No......

FINDING AND ORDER
REGISTRATION OF BIRTH

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

The probate Judge, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* testimony of Elizab th Wilgus and Charles Asman, 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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 24 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) East 5th Stree
(d) Street No. Marysville, Ohio

3. Full name of child Braun Edna Cleo

4. Date of birth 5/31/1893

5. Sex: Female

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Braun John Christopher
10. Color or race white 11. Age at time of this birth 24 yrs.
12. Birthplace Marysville, Ohio
13. Usual occupation tailor
14. Industry or business tailor

MOTHER OF CHILD
15. Full maiden name Elizabeth Von Derau
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace Marysville, 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? one
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Trell Henderson
Address Marysville, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of June La Von Wilgus

Case No. A- 323

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) Broadway
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 37

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Broadway
(d) Street No.

3. Full name of child Wilgus June LaVon

4. Date of birth 2/20/1906

5. Sex: Female

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Wilgus Ottis A
10. Color or race white 11. Age at time of this birth 36 yrs.
12. Birthplace Miama County, Ohio
13. Usual occupation merchant
14. Industry or business merchant

MOTHER OF CHILD

15. Full maiden name Von Derau, Elizabeth
16. Color or race white 17. Age at time of this birth 37 yrs.
18. Birthplace Marysville, 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? 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. Dyer Jenkins
Address
M. D., midwife, or other

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.*

June La Von Wilgus
Applicant.

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.*

June LaVon Wilgus
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 16 *day of* July, *19* 42.

William J. Porter, Notary Public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

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

P. O. Address .....

Attending Physician.

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

The State of Ohio, Union County, ss:

I, Ottis A. Wilgus 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.*

O. A. Wilgus

P. O. Address Marysville, Ohio

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

John W. ailey

The State of Ohio, Union County, ss:

I, Elizabeth Wilgus, 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 Wilgus

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 17 *day of* July, *19* 42

John W. ailey

Probate Court, Union County, Ohio

July 17, *19* 42.

In the Matter of the registration of birth

of June La Von Wilgus

Case No. A- 323

ORDER FOR HEARING

This day June La Von Wilgus *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

~~xx xx xx

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

July 17, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of June La Von Wilgus

Case No. A- 323

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of June La Von Wilgus *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 Ottis A. W lgus and Elizabeth Wilgus, 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) Broadway, Ohio
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 37 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Broadway
(d) Street No.

3. Full name of child Wilgus, June La Von
4. Date of birth 2/20/1906
5. Sex: Female
6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Wilgus Ottis A
10. Color or race white 11. Age at time of this birth 36 yrs.
12. Birthplace Miami County, Ohio
13. Usual occupation Merchant
14. Industry or business Merchant

MOTHER OF CHILD
15. Full maiden name Von Derau, Elizabeth
16. Color or race white 17. Age at time of this birth 37 yrs.
18. Birthplace Marysville, 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? 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. Dyer Jenkins
Address
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Esther Viola Bolenbaugh

Case No. A-324

APPLICATION

Your applicant respectfully represents that she *was born in* Paulding *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 Paulding
(b) Benton Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 25 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Paulding
(c) Benton Township
(d) Street No.

3. Full name of child Bolenbaugh Esther Viola

4. Date of birth Sept. 23, 1902

5. Sex: F.

6. Twin or triplet none If so—born 1st, 2nd, or 3d single

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Bolenbaugh, John
10. Color or race white 11. Age at time of this birth 29 yrs.
12. Birthplace Mercer County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Kershner, Dora
16. Color or race white 17. Age at time of this birth 25 yrs.
18. Birthplace Paulding County, 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? 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 Amanda Schultz
Address Payne, Ohio
M. D., midwife, or other

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.*

Esther Viola 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 she *verily believes.*

Esther Viola Bolenbaugh
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 22 *day of* June, *19* 42

Clifton L. Caryl
(Seal) Clifton L. Caryl, Notary Public, Union County, Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

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

P. O. Address .....
Attending Physician.

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

.....
(Seal)

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 18 *day of* July, *19* 42

John W. Dailey
(Seal) Probate Judge

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 (his X mark) Bolenbaugh

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 18 *day of* July, *19* 42

John W. Dailey
(Seal) Probate Judge

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of Esther Viola Bolenbaugh

July 18, *19* 42

Case No. A-324

ORDER FOR HEARING

This day Esther Viola Bolenbaugh *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

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

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

July 18, 19 42.

In the Matter of the
REGISTRATION OF BIRTH
of Esther Viola Bolenbaugh

Case No. A-324

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Esther Viola Bolenbaugh *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 Bolenbaugh and John 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 Paulding
(b) Benton Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 25 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Paulding
(c) Benton Township
(d) Street No.

3. Full name of child Bolenbaugh, Esther Viola

4. Date of birth Sept.23,1902

5. Sex: F.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Bolenbaugh, John
10. Color or race white 11. Age at time of this birth 29 yrs.
12. Birthplace Mercer County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Kershner, Dora
16. Color or race white 17. Age at time of this birth 25 yrs.
18. Birthplace Paulding County, 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? 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 Amanda Schultz
Address Payne, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Mabel Ruth Draper

Case No. A-325

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) Taylor Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 24 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Taylor Township
(d) Street No.

3. Full name of child Draper Mabel Ruth

4. Date of birth May 13, 1906

5. Sex: F.

6. Twin or triplet none If so—born 1st, 2nd, or 3d single

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Draper, Jesse Bernard
10. Color or race white 11. Age at time of this birth 26 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Shirk, Ella May
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace Union County, 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? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Thompson
Address Raymond, Ohio
M. D., midwife, or other

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 Ruth Draper 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.*

Mabel Ruth Draper Chapman
Applicant.

P. O. Address North Lewisburg, Ohio

Sworn to before me and signed in my presence this 20 *day of* July, 1942.

Mildred L. Fladt

(Seal) Mildred L. Fladt, Notary Public, Union County, Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

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

P. O. Address ..... *Attending Physician.*

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

The State of Ohio, Union County, ss:

I, Ella May Shirk Draper, 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.*

Ella May Shirk Draper

P. O. Address North Lewisburg, Ohio

Sworn to before me and signed in my presence this 20 *day of* July, 1942.

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union County, ss:

I, Jesse Bernard Draper, 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.*

Jesse Bernard Draper

P. O. Address North Lewisburg, Ohio

Sworn to before me and signed in my presence this 20 *day of* July, 1942.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

July 20, 1942.

In the Matter of the registration of birth

of Mabel Ruth Draper

Case No. A-325

ORDER FOR HEARING

This day Mabel Ruth Draper *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

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

JOURNAL ENTRY

Probate Court, Union County, Ohio
July 20, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of Mabel Ruth Draper

Case No. A-325

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Mabel Ruth Draper *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 Jesse Bernard Draper and Ella May Shirk Draper, 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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community: 24 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State: Ohio
(b) County: Union
(c): Taylor Township
(d) Street No.:

3. Full name of child: Draper Mabel Ruth
4. Date of birth: May 13, 1906
5. Sex: F.
6. Twin or triplet: single; If so—born 1st, 2nd, or 3d: none
7. Number months of pregnancy: 9
8. Mother married?: yes

FATHER OF CHILD
9. Full name: Draper, Jesse Bernard
10. Color or race: white 11. Age at time of this birth: 26 yrs.
12. Birthplace: Union County, Ohio
13. Usual occupation: farmer
14. Industry or business:

MOTHER OF CHILD
15. Full maiden name: Shirk Ella May
16. Color or race: white 17. Age at time of this birth: 24 yrs.
18. Birthplace: Union County, 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?: none
(c) How many children were born dead?: none

22. Attending Physician or Midwife:
Name: Dr. Thompson
Address: Raymond, Ohio
M. D., midwife, or other:

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Charles Leroy Sherwood

Case No. A-326

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Ashland, Kentucky xxxxxxx; *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
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 6 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Washington
(d) Street No.

3. Full name of child Sherwood Charles Leroy

4. Date of birth Jan. 24, 1908

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Sherwood Owen Edgar
10. Color or race white 11. Age at time of this birth 41 yrs.
12. Birthplace Washington Twp. Union Co.
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Burnside, Sarah Elizabeth
16. Color or race white 17. Age at time of this birth 38 yrs.
18. Birthplace Washington Twp. Union Co.
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? one
(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

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 Leroy Sherwood
Applicant.

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 Leroy Sherwood
Applicant.

P. O. Address 2452 Adams Ave., Ashland, Ky.

Sworn to before me and signed in my presence this 20th *day of* July, *19* 42.

Carrie W. Hornbeck
Deputy

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

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

I, Sarah Elizabeth Sherwood, mother of Charles Leroy Sherwood, *do hereby certify that 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 Elizabeth Sherwood

P. O. Address Mt. Victory, Ohio

Sworn to before me and signed in my presence this 20th *day of* July, *19* 42.

Carrie W. Hornbeck
Deputy

(Seal)

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

I, Bertha May Harvey, sister of Charles Leroy Sherwood, *do hereby certify that 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 May Harvey

P. O. Address Canal Winchester, Ohio

Sworn to before me and signed in my presence this 20th *day of* July, *19* 42.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

July 20, *19* 42.

In the Matter of the registration of birth

of Charles Leroy Sherwood

Case No. A-326

ORDER FOR HEARING

This day Charles Leroy Sherwood *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 Master Commissioner to take sworn testimony on said application if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

(Seal)

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

July 20, 1942

In the Matter of the

REGISTRATION OF BIRTH

of Charles Leroy Sherwood

Case No. A-326

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Charles Leroy Sherwood *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 Elizabeth Sherwood, his mother, and Bertha May Harvey, his 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 Union
(b) Washington
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 6 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Washington
(d) Street No. .....

3. Full name of child Sherwood Charles Leroy

4. Date of birth Jan. 24, 1908

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Sherwood, Owen Edgar
10. Color or race white 11. Age at time of this birth 41 yrs.
12. Birthplace Washington Twp., Union Co.
13. Usual occupation farming
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Burnside, Sarah Elizabeth
16. Color or race white 17. Age at time of this birth 38 yrs.
18. Birthplace Washington Twp., 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? 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 Dr. C. L. Thompson
Address Peoria, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Robert Miller Henderson

Case No. A-327

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville xxx *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 County
(b) Marysville, Ohio
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 25 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No.

3. Full name of child Henderson Robert Miller

4. Date of birth July 11, 1895

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Henderson, Edward
10. Color or race white 11. Age at time of this birth 27 yrs.
12. Birthplace Marysville, Ohio
13. Usual occupation bookkeeper
14. Industry or business merchant

MOTHER OF CHILD

15. Full maiden name Miller, Ella
16. Color or race white 17. Age at time of this birth 25 yrs.
18. Birthplace Marysville, 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? no
(b) How many other children were born alive but are now dead? no
(c) How many children were born dead? no

22. Attending Physician or Midwife:
Name Dr. Swisher
Address Marysville, Ohio
M. D., midwife, or other M. D.

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 Miller Henderson
Applicant.

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 Miller Henderson
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 20 *day of* July, *19* 42.

Helen Hawke
(Seal) Notary Public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Pearl Galloway, 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.*

Pearl Galloway

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 20 *day of* July, *19* 42.

Carrie W. Hornbeck
(Seal) Deputy

The State of Ohio, Union County, ss:

I, O. L. Baker, 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.*

O. L. Baker

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 20th *day of* July, *19* 42.

Carrie W. Hornbeck
(Seal) Deputy

Probate Court, Union County, Ohio

July 20, *19* 42.

In the Matter of the registration of birth

of Robert Miller Henderson

Case No. A-327

ORDER FOR HEARING

This day Robert Miller Henderson *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 Master Commissioner to take sworn testimony on said application if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

July 20, 1942

In the Matter of the

REGISTRATION OF BIRTH

of Robert Miller Henderson

Case No. A-327

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Robert Miller Henderson *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 Galloway and O. L. Baker, 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
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution..... In this community 25 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No. .....

3. Full name of child Henderson Robert Miller

4. Date of birth July 11, 1895

5. Sex:	6. Twin or	If so—born 1st,	7. Number months of	8. Mother married?
Male	triplet no	2nd, or 3d x	pregnancy 9	yes

FATHER OF CHILD
9. Full name Henderson, Edward
10. Color or race white 11. Age at time of this birth 27 yrs.
12. Birthplace Marysville, Ohio
13. Usual occupation bookkeeper
14. Industry or business merchant

MOTHER OF CHILD
15. Full maiden name Miller, Ella
16. Color or race white 17. Age at time of this birth 25 yrs.
18. Birthplace Marysville, 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? no
(b) How many other children were born alive but are now dead? no
(c) How many children were born dead? no

22. Attending Physician or Midwife:
Name Dr. Swisher
Address Marysville, Ohio
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Everett Leslie Thompson

Case No. A-328

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) Paris Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 40 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Paris Township
(d) Street No.

3. Full name of child Thompson, Everett Leslie

4. Date of birth Aug. 30, 1905

5. Sex: M.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Thompson, Siegel H.
10. Color or race white 11. Age at time of this birth 46 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Pennypacker, Sarah E.
16. Color or race white 17. Age at time of this birth 40 yrs.
18. Birthplace Union County, 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? 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. Smith
Address New Dover, 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.*

Everett Leslie 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.*

Everett Leslie Thompson
Applicant.

P. O. Address 505 Fallis Grove, Columbus, Ohio

Sworn to before me and signed in my presence this 20 *day of* July, *19* 42.

Mildred L. Fladt
(Seal) Notary Public, Union County, Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

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

P. O. Address .....

Attending Physician.

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

(Seal)

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

I, Sarah E. 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.*

Sarah E. Thompson

P. O. Address 221 Chestnut St. Marysville, Ohio

Sworn to before me and signed in my presence this 20 *day of* July, *19* 42.

Carrie W. Hornbeck
(Seal) Deputy

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

I, Howard Thompson, 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.*

Howard Thompson

P. O. Address 309 W. Third St. Marysville, Ohio

Sworn to before me and signed in my presence this 20 *day of* July, *19* 42.

Carrie W. Hornbeck
(Seal) Deputy

Probate Court, Union County, Ohio

July 20, *19* 42.

In the Matter of the registration of birth

of Everett Leslie Thompson

Case No. A-328

ORDER FOR HEARING

This day Everett Leslie 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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

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

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

July 20, 19 42

In the Matter of the

REGISTRATION OF BIRTH

of Everett Leslie Thompson

Case No. A-328

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Everett Leslie 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 Sarah E. Thompson, his mother, and Howard Thompson, his brother, 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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 40 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Paris Township
(d) Street No.

3. Full name of child Thompson, Everett Leslie

4. Date of birth Aug. 30, 1905

5. Sex: M.

6. Twin or triplet single; If so—born 1st, 2nd, or 3d none

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Thompson, Siegel H.
10. Color or race white 11. Age at time of this birth 46 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Pennypacker, Sarah E.
16. Color or race white 17. Age at time of this birth 40 yrs.
18. Birthplace Union County, 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? 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. Smith
Address New Dover, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Philip M. Mathys

Case No. A-329

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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 2 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Hardin
(c) Ridgeway
(d) Street No.

3. Full name of child Mathys, Philip M.

4. Date of birth March 30, 1909

5. Sex: M.

6. Twin or triplet single If so—born 1st, 2nd, or 3d none

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Mathys, Clement Juno
10. Color or race white 11. Age at time of this birth 29 yrs.
12. Birthplace Hardin County, Ohio
13. Usual occupation sheet metal worker
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Wooley, Cecil May
16. Color or race white 17. Age at time of this birth 25 yrs.
18. Birthplace Logan County, 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? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. J. J. Boone
Address Mt. Victory, 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.*

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 Box 32, Raymond, Ohio

Sworn to before me and signed in my presence this 22 *day of* July, *19* 42

Mildred L. Fladt

(Seal) Mildred L. Fladt, Notary Public, Union County, Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

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

P. O. Address .....

Attending Physician.

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

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

I, Cecil May 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.*

Cecil May Mathys

P. O. Address Raymond, Ohio

Sworn to before me and signed in my presence this 22 *day of* July, *19* 42

Mildred L. Fladt

(Seal) Mildred L. Fladt, Notary Public, Union County, Ohio

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

I, Clement 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.*

Clement J. Mathys

P. O. Address Raymond, Ohio

Sworn to before me and signed in my presence this 22 *day of* July, *19* 42

John W. Dailey

(Seal) Probate Judge

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of Philip M. Mathys

July 22, *19* 42

Case No. A-329

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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

(Seal) John W. Dailey

Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

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

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

July 22, 1942

In the Matter of the
REGISTRATION OF BIRTH
of Philip M. Mathys

Case No. A-329

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 Cecil May Mathys, his mother, and Clement Juno 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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 2 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Hardin
(c) Ridgeway
(d) Street No.

3. Full name of child Mathys, Philip M.

4. Date of birth Mar. 30, 1909

5. Sex: M.

6. Twin or triplet single If so—born 1st, 2nd, or 3d none

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Mathys, Clement Juno
10. Color or race white 11. Age at time of this birth 29 yrs.
12. Birthplace Hardin County, Ohio
13. Usual occupation sheet metal worker
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Wooley, Cecil May
16. Color or race white 17. Age at time of this birth 25 yrs.
18. Birthplace Logan County, 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? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. J. J. Boone
Address Mt. Victory, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Martha Gladys Lavender

Case No. A-330

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Richwood, R.2 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) Magnetic Springs, Ohio
(c) Name of hospital or institution: Magnetic Springs, R.F.D.
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Magnetic Springs
(d) Street No. .....

3. Full name of child Lavender, Martha Gladys

4. Date of birth 4/11/1902

5. Sex: Female

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Lavender, James Benjamin
10. Color or race white 11. Age at time of this birth 41 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation carpenter
14. Industry or business carpenter

MOTHER OF CHILD

15. Full maiden name McIntire, Mary Emily
16. Color or race white 17. Age at time of this birth 40 yrs.
18. Birthplace Warrensburg, Ohio
19. Usual occupation housewife
20. Industry or business housewife

21. Children born to this mother: seven
(a) How many other children of this mother are now living? seven
(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 .....

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.*

Martha Gladys Lavender Charles
Applicant.

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.*

Martha Gladys Lavender Charles
Applicant.

P. O. Address R.F.D. #2, Richwood, Ohio

Sworn to before me and signed in my presence this 23rd *day of* July, *19* 42

William J. Porter
Notary Public, State of Ohio

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

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

I, Elbert C. Crawford, 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.*

Elbert C. Crawford

P. O. Address R. # 1, Ostrander, Ohio

Sworn to before me and signed in my presence this 23rd *day of* July, *19* 42

John W. Dailey
Probate Judge

(Seal)

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

I, Minnie Crawford, 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.*

Minnie Ola Crawford

P. O. Address R.#1, Ostrander, Ohio

Sworn to before me and signed in my presence this 23rd *day of* July, *19* 42

John W. Dailey
Probate Judge

(Seal)

Probate Court, Union County, Ohio

July 23, *19* 42

In the Matter of the registration of birth

of Martha Gladys Lavender

Case No. A-330

ORDER FOR HEARING

This day Martha Gladys Lavender *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 notice thereof be dispensed with.

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

(Seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

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

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

July 30, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of Martha Gladys Lavender

Case No. A-330

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Martha Gladys Lavender *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 Elbert C. Crawford and Minnie Crawford, 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
(c) Name of hospital or institution: Magnetic Springs, R.F. D.
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Magnetic Springs
(d) Street No. .....

3. Full name of child Lavender Martha Gladys
4. Date of birth 4/11/1902
5. Sex: female
6. Twin or triplet no If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Lavender, James Benjamin
10. Color or race white 11. Age at time of this birth 41 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation carpenter
14. Industry or business carpenter

MOTHER OF CHILD
15. Full maiden name McIntire Mary Emily
16. Color or race white 17. Age at time of this birth 40 yrs.
18. Birthplace Warrensburg, Ohio
19. Usual occupation housewife
20. Industry or business housewife

21. Children born to this mother: seven
(a) How many other children of this mother are now living? seven
(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.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Harold Schmelzer Hancock

Case No. A-331

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Phoenix, Maricopa *County,* Arizona*; 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
(c) Name of hospital or institution: 1½ miles west of Richwood
(d) Mother's stay before delivery:
In hospital or institution none In this community 24 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood
(d) Street No.

3. Full name of child Hancock Harold Schmelzer
4. Date of birth 7/1/1912
5. Sex: male
6. Twin or triplet no If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Hancock, Willis Scott
10. Color or race white 11. Age at time of this birth 25 yrs.
12. Birthplace Richwood, Ohio
13. Usual occupation farmer
14. Industry or business farming

MOTHER OF CHILD
15. Full maiden name Schmelzer, Gertrude
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace Richwood, 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? 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. B. P. Hall
Address Richwood, 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.*

Harold Schmelzer Hancock
Applicant.

The State of Ohio, Arizona, Maricopa **County.**

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

Harold Schmelzer Hancock
Applicant.

P. O. Address 546 W. Virginia, Phoenix, Arizona

Sworn to before me and signed in my presence this 4th *day of* August, *19* 42.

(Seal)

Marie Good
Notary Public

AFFIDAVIT

Probate Court, County, Ohio

In the Matter of the

of

The State of Ohio, County, ss:

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

P. O. Address *Attending Physician.*

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

(Seal)

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

I, Gertrude Schmelzer Hancock, 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.*

Gertrude Schmelzer Hancock

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 13 *day of* August, *19* 42.

Carrie W. Hornbeck
Deputy

(Seal)

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

I, Nellie E. Long, 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.*

Nellie E. Long

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 13 *day of* August, *19* 42.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

August 6, *19* 42

In the Matter of the registration of birth

of Harold Schmelzer Hancock

Case No. A-331

ORDER FOR HEARING

This day Harold Schmelzer Hancock *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 Wallace W. Clark, Attorney at Law, Phoenix, Arizona *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 13, 1942

In the Matter of the
REGISTRATION OF BIRTH
of Harold Schmelzer Hancock

Case No. A-331

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Harold Schmelzer Hancock *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* the testimony of Gertrude Hancock and Nellie E. Long, 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 Township
(c) Name of hospital or institution: 1½ miles west of Richwood, on farm
(d) Mother's stay before delivery:
In hospital or institution..... In this community: 24 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State: Ohio
(b) County: Union
(c): Richwood
(d) Street No.:

3. Full name of child: Hancock Harold Schmelzer
4. Date of birth: July 1, 1912
5. Sex: male
6. Twin or triplet: no — If so—born 1st, 2nd, or 3d:
7. Number months of pregnancy: 9
8. Mother married? yes

FATHER OF CHILD
9. Full name: Hancock Willis Scott
10. Color or race: white — 11. Age at time of this birth: 25 yrs.
12. Birthplace: Richwood, Ohio
13. Usual occupation: farmer
14. Industry or business: farming

MOTHER OF CHILD
15. Full maiden name: Schmelzer, Gertrude
16. Color or race: white — 17. Age at time of this birth: 24 yrs.
18. Birthplace: Richwood, Ohio
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? 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. B. P. Hall
Address: Richwood, Ohio
M. D., midwife, or other: M.D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of George Alexander Klinefelter

Case No. A-336

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Mt. Victory *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) Byhalia
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 10 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Byhalia
(d) Street No. .....

3. Full name of child Klinefelter, George Alexander

4. Date of birth Mch. 5, 1887

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Klinefelter, Jacob Minnich
10. Color or race white 11. Age at time of this birth 51 yrs.
12. Birthplace York, Pennsylvania
13. Usual occupation carpenter
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Cahill, Rebecca Jane
16. Color or race white 17. Age at time of this birth 36 yrs.
18. Birthplace Tuscarawas County, 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? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. B. A. Martin
Address Byhalia, Ohio
now deceased
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.*

George Alexander Klinefelter
Applicant.

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 Alexander Klinefelter
Applicant.

P. O. Address Mt. Victory, Ohio

Sworn to before me and signed in my presence this 7 *day of* August, *19* 42

Carrie W. Hornbeck
Deputy

(Seal)

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the .....

of .....

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

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

I, Mrs. Allie Temple, aunt of George A. Klinefelter, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Allie Temple

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 7 *day of* August, *19* 42

Carrie W. Hornbeck
Deputy

(Seal)

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

I, William J. Cahill, uncle of George A. Klinefelter, *do hereby certify that 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 J. Cahill

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 7 *day of* August, *19* 42

Carrie W. Hornbeck
Deputy

Probate Court, Union **County, Ohio**

August 7, *19* 42

Case No. A-336

In the Matter of the registration of birth

of George Alexander Klinefelter

ORDER FOR HEARING

This day George Alexander Klinefelter *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

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

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 7th, 19 42

In the Matter of the

REGISTRATION OF BIRTH

of George Alexander Klinefelter

Case No. A-336

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of George Alexander Klinefelter *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. Allie Temple, his aunt, and William J. Cahill, 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): Byhalia
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community: 10 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State: Ohio
(b) County: Union
(c): Byhalia
(d) Street No.:

3. Full name of child: Klinefelter, George Alexander

4. Date of birth: Mch. 5, 1887

5. Sex: male

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

7. Number months of pregnancy: 9

8. Mother married?: yes

FATHER OF CHILD

9. Full name: Klinefelter, Jacob Minnich
10. Color or race: white — 11. Age at time of this birth: 51 yrs.
12. Birthplace: York, Pennsylvania
13. Usual occupation: carpenter
14. Industry or business:

MOTHER OF CHILD

15. Full maiden name: Cahill, Rebecca Jane
16. Color or race: white — 17. Age at time of this birth: 36 yrs.
18. Birthplace: Tuscarawas County, 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?: none
(c) How many children were born dead?: none

22. Attending Physician or Midwife:
Name: Dr. B. A. Martin
Address: Byhalia, Ohio
now deceased
M. D., midwife, or other:

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Walter Ivan Foreman

Case No. A-339

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) Washington Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 4 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Washington Township
(d) Street No.

3. Full name of child Foreman, Walter Ivan

4. Date of birth March 28, 1922

5. Sex: M.

6. Twin or triplet single If so—born 1st, 2nd, or 3d none

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Foreman, Walter Carrie
10. Color or race white 11. Age at time of this birth 32 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Little, Crystal Elizabeth
16. Color or race white 17. Age at time of this birth 20 yrs.
18. Birthplace Logan County, 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? 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

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.*

Walter Ivan Foreman
Applicant.

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.*

Walter Ivan Foreman
Applicant.

P. O. Address RFD#1, Mt. Victory, Ohio

Sworn to before me and signed in my presence this 7 *day of* August, *19* 42

Clifton L. Caryl
(Seal) Notary Public, Union County, Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

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

P. O. Address .....

Attending Physician.

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

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

I, Crystal Foreman, 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.*

Crystal Foreman

P. O. Address RFD#1, Mt. Victory, Ohio

Sworn to before me and signed in my presence this 7 *day of* August, *19* 42

Clifton L. Caryl
(Seal) Notary Public, Union County, Ohio

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

I, George Alexander Klinefelter *do hereby certify that 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 Alexander Klinefelter

P. O. Address RFD#1, Mt. Victory, Ohio

Sworn to before me and signed in my presence this 7 *day of* August, *19* 42

Carrie W. Hornbeck
(Seal) Deputy

Probate Court, Union County, Ohio

August 7, *19* 42

In the Matter of the Registration of Birth

of Walter Ivan Foreman

Case No. A-339

ORDER FOR HEARING

This day Walter Ivan Foreman *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

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

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 7, 19 42

In the Matter of the

REGISTRATION OF BIRTH

of Walter Ivan Foreman

Case No. A-339

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Walter Ivan Foreman *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 Crystal Foreman, his mother, and George A. Klinefelter, 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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 4 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Washington Township
(d) Street No.

3. Full name of child Foreman, Walter Ivan
4. Date of birth 3-28-1922
5. Sex: M.
6. Twin or triplet single; If so—born 1st, 2nd, or 3d none
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Foreman, Walter Carrie
10. Color or race white 11. Age at time of this birth 32 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Little, Crystal Elizabeth
16. Color or race white 17. Age at time of this birth 20 yrs.
18. Birthplace Logan County, 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. Miller
Address Byhalia, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Burl Brinnen Hill

Case No. A-340

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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 30 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Liberty Township
(d) Street No.

3. Full name of child Hill Burl Brinnen

4. Date of birth Sept. 30, 1898

5. Sex: M.

6. Twin or triplet single If so—born 1st, 2nd, or 3d none

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Hill, Frank
10. Color or race white 11. Age at time of this birth 29 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Wood, Abbie
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Union County, 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 none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Charles Thompson
Address Raymond, 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.*

Burl Brinnen 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.*

Burl Brinnen Hill
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 10 *day of* August, *19* 42.

Clifton L. Caryl
(Seal) Notary Public, Union County, Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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) .....

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

I, Frank Hill, 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 Hill

P. O. Address Ada, Ohio

Sworn to before me and signed in my presence this 10 *day of* August, *19* 42.

Clifton L. Caryl
(Seal) Notary Public, Union County, Ohio

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

I, Abbie Hill, 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.*

Abbie Hill

P. O. Address Ada, Ohio

Sworn to before me and signed in my presence this 10 *day of* August, *19* 42.

Clifton L. Caryl
(Seal) Notary Public, Union County, Ohio

Probate Court, Union County, Ohio

August 10, *19* 42

In the Matter of the registration of birth

of Burl Brinnen Hill

Case No. A-340

ORDER FOR HEARING

This day Burl Brinnen Hill *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 10, 19 42

In the Matter of the

REGISTRATION OF BIRTH

of Burl Brinnen Hill

Case No. A-340

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Burl Brinnen 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 Frank Hill, his father, and Abbie Hill, 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) Liberty Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 30 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Liberty Township
(d) Street No.

3. Full name of child Hill, Burl Brinnen

4. Date of birth Sept. 30, 1898

5. Sex: M.

6. Twin or triplet single; If so—born 1st, 2nd, or 3d none

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Hill, Frank
10. Color or race white 11. Age at time of this birth 29 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Wood, Abbie
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Union County, 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 Charles Thompson
Address Raymond, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Earnest Franklin Willmeth

Case No. A-341

APPLICATION

Your applicant respectfully represents that ..... *was born in* ..... *County, Ohio; that* ..... *now resides in* ..... *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) village of Byhalia
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 18 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Village of Byhalia
(d) Street No.

3. Full name of child Willmeth, Earnest Franklin

4. Date of birth Feb. 20, 1899

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Willmeth, Lemuel Bert
10. Color or race white 11. Age at time of this birth 23 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation laborer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Penney, Gertrude True
16. Color or race white 17. Age at time of this birth 18 yrs.
18. Birthplace Union County, 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. Elmer Mathers
Address Byhalia, Ohio
M. D., midwife, or other M.D.

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.*

Ernest Franklin Willmeth
Applicant.

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.*

Ernest Franklin Willmeth
Applicant.

P. O. Address Elmore, Ohio

Sworn to before me and signed in my presence this 8th *day of* September, *19* 42.

Wm. R. Cameron
(Seal) Notary Public in and for Union County, Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

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

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

P. O. Address .....
Attending Physician.

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

The State of Ohio, Union County, ss:

I, Lemuel B. Willmeth, 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.*

Lemuel B. His X Willmeth
mark

P. O. Address LaRue, Ohio

Sworn to before me and signed in my presence this 8th *day of* September, *19* 42.

Carrie W. Hornbeck
(Seal) Deputy

The State of Ohio, Union County, ss:

I, Grace Prettyman, 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.*

Grace Prettyman

P. O. Address LaRue, Ohio

Sworn to before me and signed in my presence this 8th *day of* September, *19* 42.

Carrie W. Hornbeck
(Seal) Deputy

Probate Court, Union County, Ohio

September 8th, *19* 42

In the Matter of the registration of birth

of Earnest Franklin Willmeth

Case No. A-341

ORDER FOR HEARING

This day Earnest Franklin Willmeth *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

September 8, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of Earnest Franklin Willmeth

Case No. A-341

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Earnest Franklin Willmeth
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 Lemuel B. Willmeth and of Grace Prettyman, 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) Village of Byhalia
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 18 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Village of Byhalia
(d) Street No.

3. Full name of child Willmeth, Earnest Franklin
4. Date of birth Feb. 20, 1899
5. Sex: male
6. Twin or triplet no If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Willmeth, Lemuel Bert
10. Color or race white 11. Age at time of this birth 23 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation laborer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Penney, Gertrude True
16. Color or race white 17. Age at time of this birth 18 yrs.
18. Birthplace Union County, 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. Elmer Mathers
Address Byhalia, Ohio
M. D., midwife, or other M.D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-11—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Pearl Roosevelt Adams

Case No. A-342

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 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) Richwood
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 35 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood
(d) Street No.

3. Full name of child Adams Pearl Roosevelt

4. Date of birth Oct. 25, 1903

5. Sex: M.

6. Twin or triplet none If so—born 1st, 2nd, or 3d single

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Adams Charles William
10. Color or race white 11. Age at time of this birth 35 yrs.
12. Birthplace Logan County, Ohio
13. Usual occupation mechanic
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Sparks, Lura
16. Color or race white 17. Age at time of this birth 35 yrs.
18. Birthplace Union County, 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? 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. Wurtsbaugh
Address Richwood, 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.*

Pearl Roosevelt Adams
Applicant.

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 Roosevelt Adams
Applicant.

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 11 *day of* August, 1942.

Mildred L. Fladt
(Seal) Notary Public, Union County, Ohio

AFFIDAVIT

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of Pearl Roosevelt Adams

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

I, Lee Wilkins, *do hereby certify that I* ~~was the physician~~ *have personal knowledge of the facts* ~~stated in the application~~, *and that the facts stated in the application are true, as I verily believe.*

Lee Wilkins

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 11 *day of* August, 1942.

Carrie W. Hornbeck
(Seal) Deputy

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

I, Lloyd Matteson, *do hereby certify that 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 Matteson

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 11 *day of* August, 1942.

Mildred L. Fladt
(Seal) Notary Public, Union County, Ohio

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

I, Blanche H. 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 H. Hostetter

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 11 *day of* August, 1942.

Carrie W. Hornbeck
(Seal) Deputy

Probate Court, Union County, Ohio

August 11, 1942

In the Matter of the registration of birth

of Pearl Roosevelt Adams

Case No. A-342

ORDER FOR HEARING

This day Pearl Roosevelt Adams *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 ~~[illegible]~~ *be, and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 11, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of Pearl Roosevelt Adams

Case No. A-342

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Pearl Roosevelt Adams *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 Lee Wilkins and Blanche H. 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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 35 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood
(d) Street No.

3. Full name of child Adams Pearl Roosevelt

4. Date of birth Oct. 25, 1903

5. Sex: M.

6. Twin or triplet none; If so—born 1st, 2nd, or 3d none

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Adams, Charles William
10. Color or race white 11. Age at time of this birth 35 yrs.
12. Birthplace Logan County, Ohio
13. Usual occupation Mechanic
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Sparks, Lura
16. Color or race white 17. Age at time of this birth 35 yrs.
18. Birthplace Union County, 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? 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. Wurtsbaugh
Address Richwood, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Fred Arthus Fox

Case No. A-344

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) Washington Twp.
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 21 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Washington Twp.
(d) Street No.

3. Full name of child Fox, Fred Arthur

4. Date of birth 12-23-91

5. Sex: M.

6. Twin or triplet none If so—born 1st, 2nd, or 3d single

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Fox, Philip Manley
10. Color or race white 11. Age at time of this birth 27 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Lynch, Julia
16. Color or race white 17. Age at time of this birth 21 yrs.
18. Birthplace Union County, 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. Plotner
Address West Mansfield, 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.*

Fred Arthur Fox
Applicant.

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 Fox
Applicant.

P. O. Address 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

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

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

P. O. Address .....
Attending Physician.

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

(Seal)

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

I, Philip Manley Fox, 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.*

Philip Manley Fox

P. O. Address W. Mansfield, 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

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

I, Okey D. Dillon, 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.*

Okey D. Dillon

P. O. Address Raymond, Ohio

Sworn to before me and signed in my presence this 13 *day of* August, *19* 42.

John W. Dailey
(Seal) Probate Judge

Probate Court, Union County, Ohio

August 13, *19* 42

In the Matter of the registration of birth

of Fred Arthur Fox

Case No. 3444

ORDER FOR HEARING

This day Fred Arthur Fox *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 13, 1942

In the Matter of the

REGISTRATION OF BIRTH

of Fred Arthur Fox

Case No. A-344

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Fred Arthur Fox
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 Philip Manley Fox, his father, and Okey D. Dillon, 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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 21 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Washington Township
(d) Street No.

3. Full name of child Fox Fred Arthur
4. Date of birth 12-23-91
5. Sex: M.
6. Twin or triplet single If so—born 1st, 2nd, or 3d --
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Fox, Philip Manley
10. Color or race white 11. Age at time of this birth 27 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Lynch, Julia
16. Color or race white 17. Age at time of this birth 21 yrs.
18. Birthplace Union County, 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. Plotner
Address West Mansfield, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Edna Estella Blue

Case No. A-345

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Richwood, 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
(c) Name of hospital or institution:
(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) Jackson Township
(d) Street No.

3. Full name of child Blue Edna Estella

4. Date of birth June 22, 1900

5. Sex: F.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Blue Jesse Ruben
10. Color or race white 11. Age at time of this birth 25 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Tracy, Lida Belle
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Fremont County, 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? 1
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Miller
Address Byhalia, Ohio
M. D., midwife, or other

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.*

Edna Estella Blue
Applicant.

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 Estella Blue
Applicant.

P. O. Address Richwood, 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

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

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

I, Jesse Ruben Blue, 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.*

Jesse Ruben Blue

P. O. Address 20½ N. Franklin St. Richwood, Ohio

Sworn to before me and signed in my presence this 13 *day of* August, *19* 42

Carrie W. Hornbeck
(Seal) Deputy

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

I, Lida Blue, 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.*

Lida Blue

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 13 *day of* August, *19* 42

Carrie W. Hornbeck
(Seal) Deputy

Probate Court, Union County, Ohio

August 13, *19* 42

In the Matter of the registration of birth

of Edna Estella Blue

Case No. A-345

ORDER FOR HEARING

This day Edna Estella Blue *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 13, *19* 42.

In the Matter of the
REGISTRATION OF BIRTH
of Edna Estella Blue

Case No. A-345

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Edna Estella Blue *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 Jesse Blue, her father, and Lida Blue, 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 Union
(b) Jackson Township
(c) Name of hospital or institution:
(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) Jackson Township
(d) Street No.

3. Full name of child Blue, Edna Estella

4. Date of birth June 22, 1900

5. Sex: F.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Blue, Jesse Ruben
10. Color or race white 11. Age at time of this birth 25 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Tracy, Lida Belle
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Fremont County, 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? 1
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Miller
Address Byhalia, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., *19*.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Russell Vivian Slack

Case No. A-346

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Licking *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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 2 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Milford Center
(d) Street No.

3. Full name of child Slack, Russell Vivian
4. Date of birth April 5, 1898
5. Sex: M.
6. Twin or triplet single If so—born 1st, 2nd, or 3d ---
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Slack, Burt Russell
10. Color or race white 11. Age at time of this birth 26 yrs.
12. Birthplace Delaware County, Ohio
13. Usual occupation Blacksmith
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Hardin, Alice
16. Color or race white 17. Age at time of this birth 23 yrs.
18. Birthplace Delaware County, 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. Baker
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.*

Russell Vivian Slack
Applicant.

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 Vivian Slack
Applicant.

P. O. Address Hebron, Ohio

Sworn to before me and signed in my presence this 14 *day of* August, *19* 42.

Mildred L. Fladt
(Seal) Notary Public, Union County, Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

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

P. O. Address ..... *Attending Physician.*

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

(Seal)

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

I, Burt Russell Slack, 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.*

Burt Russell Slack

P. O. Address Mesterville, Ohio, RFD # 2

Sworn to before me and signed in my presence this 14 *day of* August, *19* 42.

John W. Dailey
(Seal) Probate Judge

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

I, Edith Sawyer, 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.*

Edith A. Sawyer

P. O. Address Ash Street, Marysville, Ohio

Sworn to before me and signed in my presence this 14 *day of* August, *19* 42.

John W. Dailey
(Seal) Probate Judge

Probate Court, Union County, Ohio

August 14, *19* 42.

In the Matter of the registration of birth

of Russell Vivian Slack

Case No. A-346

ORDER FOR HEARING

This day Russell Vivian Slack *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

In the Matter of the
REGISTRATION OF BIRTH
of Russell Vivian Slack

August 14, 19 42

Case No. A-346

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Russell Vivian Slack
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 Burt Russell Slack, his father, and Edith Sawyer, his 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) Milford Center
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 2 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Milford Center, Ohio
(d) Street No.

3. Full name of child Slack, Russell Vivian

4. Date of birth April 5, 1898

5. Sex: M.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Slack, Burt Russell
10. Color or race white 11. Age at time of this birth 26 yrs.
12. Birthplace Delaware County, Ohio
13. Usual occupation blacksmith
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Hardin, Alice
16. Color or race white 17. Age at time of this birth 23 yrs.
18. Birthplace Delaware County, 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. Baker
Address Milford Center, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the
Registration of the Birth
In the Matter of the
of Eleanor Engle

Case No. A-347

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Gallion *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) Taylor
(c) Name of hospital or institution: at home
(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) Taylor
(d) Street No.

3. Full name of child Engle, Eleanor

4. Date of birth 12,29,1912

5. Sex: F.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Engle, Chester
10. Color or race white 11. Age at time of this birth 23 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Craig, Zelma Nancy
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Coshocton County, 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. Thompson
Address Raymond, Ohio
M. D., midwife, or other

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.*

Eleanor Engle Gunn
Applicant.

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.*

Eleanor Engle Gunn
Applicant.

P. O. Address 351 W. Railroad St. Galion, Ohio

Sworn to before me and signed in my presence this 15th *day of* August, *19* 42

Undine Dailey
Deputy Clerk

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the
of

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Chester Engle, *do hereby certify that 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 I. Engle

P. O. Address Gallion, Ohio

Sworn to before me and signed in my presence this 15th *day of* August, *19* 42.

Undine Dailey
Deputy Clerk

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

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

Zelma N. Engle

P. O. Address Gallion, Ohio

Sworn to before me and signed in my presence this 15th *day of* August, *19* 42.

Undine Dailey
Deputy Clerk

Probate Court, Union County, Ohio

August 15th, *19* 42.

In the Matter of the
Registration of the Birth
of Eleanor Engle

Case No. A-347

ORDER FOR HEARING

This day Eleanor 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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 15th, 1942

In the Matter of the
REGISTRATION OF BIRTH
of Eleanor Engle

Case No. A-347

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Eleanor 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 Chester Engle, her father, and Zelma Nancy Craig Engle, 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 Union
(b) Taylor
(c) Name of hospital or institution: at home
(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) Taylor
(d) Street No.

3. Full name of child Engle, Eleanor

4. Date of birth Dec. 29, 1912

5. Sex: female

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Engle, Chester
10. Color or race white 11. Age at time of this birth 23 yrs.
12. Birthplace Taylor Twp., Union Co., O.
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Craig, Zelma Nancy
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Coshocton County, 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? 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
Address Raymond, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the
Registration of the Birth
In the Matter of the
of William Henry Sherwood

Case No. A-348

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Denver, Colorado ~~xxxxxxx~~ *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) Jackson Twp.
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 1 yr.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson Twp.
(d) Street No.

3. Full name of child Sherwood, William Henry

4. Date of birth 10-26, 1897

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Sherwood, Owen Edgar
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Union Co. Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Burnside, Sarah Elizabeth
16. Color or race white 17. Age at time of this birth 27 yrs.
18. Birthplace Union County, 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? 1
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Caroline Bridge
Address now deceased
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.*

William Henry Sherwood
Applicant.

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 Henry Sherwood
Applicant.

P. O. Address 1010 S. Gilpin St. Denver, Col.

Sworn to before me and signed in my presence this 15 *day of* Aug., *19* 42.

Undine Dailey
Probate Deputy

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the
of

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

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

P. O. Address .....
Attending Physician.

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

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

I, Sarah E. Sherwood, mother of Wm. H. Sherwood, *do hereby certify that 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 E. Sherwood

P. O. Address Mt. Victory, Ohio

Sworn to before me and signed in my presence this 15 *day of* August, *19* 42.

Undine Dailey
Probate Deputy

(Seal)

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

I, Bertha Harvey, sister of Wm. H. Sherwood, *do hereby certify that 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 Harvey

P. O. Address Canal Winchester, O. # 2

Sworn to before me and signed in my presence this 15 *day of* August, *19* 42.

Undine Dailey
Probate Deputy

(Seal)

Probate Court, Union County, Ohio

August 15, *19* 42.

In the Matter of the
registration of birth
of William Henry Sherwood

Case No. A-348

ORDER FOR HEARING

This day William Henry Sherwood *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 15, 1942

In the Matter of the

REGISTRATION OF BIRTH

of William Henry Sherwood

Case No. A-348

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of William Henry Sherwood *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 E. Sherwood and Bertha Harvey, 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 Twp.
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 1 yr.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson Twp.
(d) Street No. .....

3. Full name of child Sherwood, William Henry

4. Date of birth 10-26, 1897

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Sherwood, Owen Edgar
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Union County, O.
13. Usual occupation farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Burnside, Sarah Elizabeth
16. Color or race white 17. Age at time of this birth 27 yrs.
18. Birthplace Union County, 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? 1
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Caroline Bridge
Address now deceased
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of James Isadore Mulligan

Case No. A-349

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Columbus *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
(c) Name of hospital or institution: at parents' home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 9 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) York Township
(d) Street No.

3. Full name of child Mulligan, James Isadore

4. Date of birth May 30, 1906

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Mulligan, James
10. Color or race white 11. Age at time of this birth 38 yrs.
12. Birthplace County Cork, Ireland
13. Usual occupation farmer and carpenter
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Kale, Theresa Viola
16. Color or race white 17. Age at time of this birth 25 yrs.
18. Birthplace Union County, 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? 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. C. L. Thompson
Address York Center, Ohio
M. D., midwife, or other M. D.

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 Isadore 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.*

James Isadore Mulligan
Applicant.

P. O. Address 1606½ N. High St. Col. Ohio

Sworn to before me and signed in my presence this 19 *day of* August, *19* 42

John W. Dailey
Probate Judge

(Seal)

AFFIDAVIT

Probate Court, County, Ohio

In the Matter of the

of

The State of Ohio, County, ss:

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

P. O. Address
Attending Physician.

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

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

I, Curtis Fields, uncle 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.*

Curtis Fields

P. O. Address Richwood, Ohio, R.F.D. 1

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

Wm. R. Cameron
Notary Public in and for Union County, Ohio

(Seal)

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

I, Mary Fields, 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.*

Mary Fields

P. O. Address Richwood, Ohio, R.F.D. 1

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

Wm. R. Cameron
Notary Public in and for Union County, Ohio

(Seal)

Probate Court, Union County, Ohio

August 19th, *19* 42.

In the Matter of the registration of birth

of James Isadore Mulligan

Case No. A-349

ORDER FOR HEARING

This day James Isadore 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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

(Seal)

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 19th, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of James Isadore Mulligan

Case No. A-349

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of James Isadore 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 testimony of Curtis Fields and Mary Fields, credible witnesses 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) York Township
(c) Name of hospital or institution: The parents' home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 9 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) York Township
(d) Street No.

3. Full name of child Mulligan James Isadore

4. Date of birth May 30, 1906

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Mulligan, James
10. Color or race white 11. Age at time of this birth 38 yrs.
12. Birthplace County Cork, Ireland
13. Usual occupation farmer and carpenter
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Kale, Theresa Viola
16. Color or race white 17. Age at time of this birth 25 yrs.
18. Birthplace Union County, 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? 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. C. L. Thompson
Address York Center, Ohio
M. D., midwife, or other M. D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Paul Wesley Jaggers

Case No. A-352

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) Paris Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 31 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Paris Township
(d) Street No.

3. Full name of child Jaggers, Paul Wesley

4. Date of birth Feb. 5, 1907

5. Sex: M

6. Twin or triplet single If so—born 1st, 2nd, or 3d none

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Jaggers, Charles Bentley
10. Color or race white 11. Age at time of this birth 40 yrs.
12. Birthplace Licking County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Dunfee, Rose Zella
16. Color or race white 17. Age at time of this birth 31 yrs.
18. Birthplace Union County, 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? 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

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.*

Paul Wesley Jaggers
Applicant.

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 Wesley Jaggers
Applicant.

P. O. Address RFD #3, Springfield, Ohio

Sworn to before me and signed in my presence this 22 *day of* August, 19 42

Clifton L. Caryl
(Seal) Notary Public, Union County, Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

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

P. O. Address .....
Attending Physician.

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

(Seal)

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

I, Harold Dunfee, 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.*

Harold Dunfee

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 22 *day of* August, 1942

John W. Dailey
(Seal) Probate Judge

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

I, Elizabeth Dunfee, 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.*

Elizabeth Dunfee

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 22 *day of* August, 1942

John W. Dailey
(Seal) Probate Judge

Probate Court, Union County, Ohio

August 22, 19 42

In the Matter of the registration of birth

of Paul Wesley Jaggers

Case No. A-352

ORDER FOR HEARING

This day Paul Wesley Jaggers *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

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

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 22, 1942

In the Matter of the
REGISTRATION OF BIRTH
of Paul Wesley Jaggers

Case No. A-352

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Paul Wesley Jaggers *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 Harold Dunfee, his uncle, and Elizabeth Dunfee, his aunt, 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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 31 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Paris Township
(d) Street No.

3. Full name of child Jaggers, Paul Wesley
4. Date of birth 2-5-1907
5. Sex: M.
6. Twin or triplet single; If so—born 1st, 2nd, or 3d none
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Jaggers, Charles Bentley
10. Color or race white 11. Age at time of this birth 40 yrs.
12. Birthplace Licking County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Dunfee, Rose Zella
16. Color or race white 17. Age at time of this birth 31 yrs.
18. Birthplace Union County, 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? 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

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Joseph Thomas Ridgeway

Case No. A-353

APPLICATION

Your applicant respectfully represents that he *was born in* Ross *County, Ohio; that* he *now resides in* Richwood *Knox 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 Ross
(b) unknown
(c) Name of hospital or institution: no
(d) Mother's stay before delivery:
In hospital or institution none In this community 6 mo.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Pike
(c) Pebble
(d) Street No.

3. Full name of child Ridgeway Joseph Thomas

4. Date of birth July 3, 1894

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Ridgeway James Leo
10. Color or race white 11. Age at time of this birth 27 yrs.
12. Birthplace Pike County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Lee, Emma Eliza
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace Pike County, 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? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Hooper
Address Waverly, 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.*

Joseph Thomas Ridgeway
Applicant.

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 Thomas Ridgeway
Applicant.

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 25th *day of* August, 1942

Alnet Mayer
Notary Public

(Seal)

AFFIDAVIT

Probate Court, County, Ohio

In the Matter of the

of

The State of Ohio, County, ss:

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application 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)

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

I, James Leo Ridgeway, 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.*

James Leo Ridgeway

P. O. Address Bellefontaine, Ohio

Sworn to before me and signed in my presence this 25th *day of* August, 19 42

Carrie W. Hornbeck
Deputy

(Seal)

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

I, Emma Lee Ridgeway, 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 Lee Ridgeway

P. O. Address Bellefontaine, Ohio

Sworn to before me and signed in my presence this 25th *day of* August, 19 42

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

August 25, 1942

In the Matter of the registration of the birth

of Joseph Thomas Ridgeway

Case No. A-353

ORDER FOR HEARING

This day Joseph Thomas Ridgeway *appeared in open court and filed an application for the* registration of his birth

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

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

John W. Dailey
Probate Judge.

(Seal)

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 25, 19 42

In the Matter of the

REGISTRATION OF BIRTH

of Joseph Thomas Ridgeway

Case No. A-353

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Joseph Thomas Ridgeway *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 Leo Ridgeway and Emma E. Ridgeway, 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 Ross
(b) (unknown)
(c) Name of hospital or institution: no
(d) Mother's stay before delivery:
In hospital or institution none In this community 6 mo.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Pike
(c) Pebble
(d) Street No.

3. Full name of child Ridgeway, Joseph Thomas

4. Date of birth July 3, 1894

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Ridgeway, James Leo
10. Color or race white 11. Age at time of this birth 27 yrs.
12. Birthplace Pike County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Lee, Emma Eliza
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace Pike County, 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? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Hooper
Address Waverly, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Freda Amy Hoskins

Case No. A-354

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Lexington, Kentucky *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) Pharisburg
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 20 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Pharisburg
(d) Street No.

3. Full name of child Hoskins, Freda Amy
4. Date of birth Sept. 19, 1917
5. Sex: F.
6. Twin or triplet single If so—born 1st, 2nd, or 3d none
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Hoskins, William
10. Color or race white 11. Age at time of this birth 22 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Stultz, Celia Mae
16. Color or race white 17. Age at time of this birth 20 yrs.
18. Birthplace Union County, 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. Jenkins
Address Broadway, Ohio
M. D., midwife, or other

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.*

Freda Amy Hoskins Patton
Applicant.

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.*

Freda Amy Hoskins Patton
Applicant.

P. O. Address 185 Kentucky Avenue, Lexington, Kentucky

Sworn to before me and signed in my presence this 25 *day of* August, 1942.

(Seal)

Clifton L. Caryl
Notary Public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

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

P. O. Address ..... *Attending Physician.*

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

(Seal)

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

I, Huber DeGood, 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.*

Huber DeGood

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 26 *day of* August, *19* 42.

(Seal)

John W. Dailey
P. J.

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

I, Lorena DeGood, 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.*

Lorena DeGood

P. O. Address Marysville

Sworn to before me and signed in my presence this 26 *day of* August, *19* 42.

(Seal)

John W. Dailey
P. J.

Probate Court, Union County, Ohio

August 26, *19* 42

In the Matter of the registration of birth

of Freda Amy Hoskins

Case No. A-354 ✓

ORDER FOR HEARING

This day Freda Amy Hoskins *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 26, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of Freda Amy Hoskins

Case No. A-354

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Freda Amy Hoskins
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 Huber DeGood, her uncle, and Lorena DeGood, her aunt, 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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 20 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Pharisburg
(d) Street No.

3. Full name of child Hoskins, Freda Amy

4. Date of birth Sept. 19, 1917

5. Sex: F.

6. Twin or triplet none If so—born 1st, 2nd, or 3d none

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Hoskins, William
10. Color or race white 11. Age at time of this birth 22 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Stultz, Celia Mae
16. Color or race white 17. Age at time of this birth 20 yrs.
18. Birthplace Union County, 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. Jenkins
Address Broadway, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Floyd Russell Starkey

Case No. A-355

APPLICATION

Your applicant respectfully represents that ..... *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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 36 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Franklin
(c)
(d) Street No.

3. Full name of child Starkey Floyd Russell

4. Date of birth June 2, 1920

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Starkey Ealter Lyman
10. Color or race white 11. Age at time of this birth 37 yrs.
12. Birthplace Hocking County, Ohio
13. Usual occupation Farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Ryan Nellie Mae
16. Color or race white 17. Age at time of this birth 36 yrs.
18. Birthplace Franklin County, 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. Swihart
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 the registration of his birth, *as provided by law.*

Floyd Russell Starkey
Applicant.

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.*

Floyd Russell Starkey
Applicant.

P. O. Address Milford Center R. D. 1

Sworn to before me and signed in my presence this 27 *day of* August, *19* 42

Clifton L. Caryl, Notary Public

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the

of

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Walter L. Starkey, 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.*

Walter L. Starkey

P. O. Address R.D. 1 Milford Center, Ohio

Sworn to before me and signed in my presence this 27 *day of* August, *19* 42

Clifton L. Caryl, Notary Public

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

I, Nellie Mae Starkey, 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 Mae Starkey

P. O. Address R.D. 1 Milford Center, Ohio

Sworn to before me and signed in my presence this 27 *day of* August, *19* 42

Clifton L. Caryl, Notary Public

Probate Court, Union **County, Ohio**

Sept. 17, *19* 42

In the Matter of the Registration of birth

of Floyd Russell Starkey

Case No. A-355

ORDER FOR HEARING

This day Floyd Russell Starkey *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 of said hearing be dispensed with

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

John W. Bailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 17, 19 42

In the Matter of the

REGISTRATION OF BIRTH

of Floyd Russell Starkey

Case No. A- 355

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Floyd Russell Starkey *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 Walter L Starkey, his father, and Nellie Mae Starkey, his mother, credible witnesses; *that notice of the hearing on said application has been* dispensde 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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution In this community 36 Yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Franklin
(b) County Columbus
(c)
(d) Street No.

3. Full name of child Starkey, Floyd Russell

4. Date of birth June 2, 1920

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Starkey Walter Lyman
10. Color or race white 11. Age at time of this birth 37 yrs.
12. Birthplace Hocking County, Ohio
13. Usual occupation Farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Ryan Nellie Mae
16. Color or race white 17. Age at time of this birth 36 yrs.
18. Birthplace Franklin County, 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. Swihart
Address Columbus, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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. ailey
Probate Judge.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Lee Ray McKeever

Case No. A-356

APPLICATION

Your applicant respectfully represents that he *was born in* Muskingum *County, Ohio; that* he *now resides in* Liberty 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 Muskingum
(b) Zanesville
(c) Name of hospital or institution:
(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 Muskingum
(c) Zanesville
(d) Street No.

3. Full name of child McKeever Lee Ray

4. Date of birth 9/17/1893

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name McKeever Warren A.
10. Color or race white 11. Age at time of this birth 36 yrs.
12. Birthplace Union Township, Union County, O.
13. Usual occupation farmer
14. Industry or business farmer

MOTHER OF CHILD
15. Full maiden name Spinks, Elizabeth Catherine
16. Color or race white 17. Age at time of this birth 39 yrs.
18. Birthplace Zanesville, Ohio
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 Dr. Crossland
Address unknown
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.*

Lee Ray McKeever
Applicant.

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.*

Lee Ray McKeever
Applicant.

P. O. Address East Liberty, Ohio, R.F.D.1

Sworn to before me and signed in my presence this 28th *day of* August, *19* 42.

(Seal)

William J. Porter
Notary Public, State of Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

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

P. O. Address ..... *Attending Physician.*

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

(Seal)

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

I, Ida Viola Fadely, 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.*

Ida Viola Fadely

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 28th *day of* August, *19* 42.

Carrie W. Hornbeck
Deputy

(Seal)

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

I, Lucy Arene Nichols, 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.*

Lucy Arene Nichols

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 28th *day of* August, *19* 42.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

August 28, 1942

In the Matter of the registration of birth

of Lee Ray McKeever

Case No. A-356

ORDER FOR HEARING

This day Lee Ray McKeever *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

(Seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 28, 1942

In the Matter of the
REGISTRATION OF BIRTH
of Lee Ray McKeever

Case No. A-356

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lee Ray McKeever *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 Ida Viola Fadely and Lucy Arene Nichols, 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: Muskingum
(b): Zanesville
(c) Name of hospital or institution: None
(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: Muskingum
(c): Zanesville
(d) Street No.:

3. Full name of child: McKeever Lee Ray
4. Date of birth: 9/17/1893
5. Sex: male
6. Twin or triplet: no — If so—born 1st, 2nd, or 3d:
7. Number months of pregnancy: 9
8. Mother married? yes

FATHER OF CHILD
9. Full name: McKeever, Warren A.
10. Color or race: white — 11. Age at time of this birth: 36 yrs.
12. Birthplace: Union Township, Union County, O.
13. Usual occupation: farmer
14. Industry or business: farmer

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

MOTHER OF CHILD
15. Full maiden name: Spinks, Elizabeth Catherine
16. Color or race: white — 17. Age at time of this birth: 39 yrs.
18. Birthplace: Zanesville, Ohio
19. Usual occupation: housewife
20. Industry or business: housewife

22. Attending Physician or Midwife:
Name: Dr. Crossland
Address: unknown
M. D., midwife, or other:

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Owen Albert Webb

Case No. A-357

APPLICATION

Your applicant respectfully represents that he *was born in* Licking *County, Ohio; that* he *now resides in* 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 Licking
(b) Centerburg Hartford
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 4 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Licking
(c) Centerburg Hartford
(d) Street No. R. F. D. 2

3. Full name of child Webb Owen Albert

4. Date of birth Dec. 5, 1900

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Webb Albert E.
10. Color or race white 11. Age at time of this birth 26 yrs.
12. Birthplace Mo.
13. Usual occupation farmer
14. Industry or business farmer

MOTHER OF CHILD
15. Full maiden name Odell Ada none
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Union Ohio
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. W. B. Merriman (deceased)
Address Centerburg, 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.*

Owen Albert Webb
Applicant.

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.*

Owen Albert Webb
Applicant.

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 31st *day of* August, *19* 42.

F. LeRoy Allen
Notary Public for the State of Ohio

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

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

I, Albert E. Webb, 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 E. Webb

P. O. Address Richwood, Ohio, R.F.D. 2

Sworn to before me and signed in my presence this 3rd *day of* September, *19* 42.

Carrie W. Hornbeck
Deputy

(Seal)

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

I, Ada E. Webb, 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 E. Webb

P. O. Address Richwood, Ohio, R.F.D. 2

Sworn to before me and signed in my presence this 3rd *day of* September, *19* 42.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

September 3, 1942

In the Matter of the registration of birth *of* Owen Albert Webb

Case No. A-357 ✓

ORDER FOR HEARING

This day Owen Albert Webb *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

(Seal)

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

September 3, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of Owen Albert Webb

Case No. A-357

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Owen Albert Webb *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 Webb and Ada Webb, 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 Licking
(b) Centerburg Hartford
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 4 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Licking
(c) Centerburg Hartford
(d) Street No. R.F.D. 2

3. Full name of child Webb, Owen Albert

4. Date of birth Dec. 5, 1900

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Webb Albert E.
10. Color or race white 11. Age at time of this birth 26 yrs.
12. Birthplace Missouri
13. Usual occupation farmer
14. Industry or business farmer

MOTHER OF CHILD
15. Full maiden name Odell, Ada none
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Union Ohio
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. W. B. Merriman (deceased)
Address Centerburg, Ohio
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Frank Hanson Blumenshine

Case No. A-358

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Detroit, Mich. 24311 Plymouth Road *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, Paris
(c) Name of hospital or institution: private home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 30 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No. E. Sixth St.

3. Full name of child Blumenshine, Frank Hanson

4. Date of birth May 24, 1908

5. Sex: M.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Blumenshine, John
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Marysville, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Bonnette, Ethel M.
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Leesburg Township, Union County
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. C. D. Bonnor
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.*

Frank Hanson Blumenshine
Applicant.

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 Hanson Blumenshine
Applicant.

P. O. Address Detroit, Mich.

Sworn to before me and signed in my presence this 31st *day of* August, *19* 42.

William L. Coleman
Notary Public, State of Ohio
My com. exp. Aug.17, 1945

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

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

P. O. Address .....

Attending Physician.

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

.....

(Seal)

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

I, Ethel M. Blumenshine, 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.*

Ethel M. Blumenshine

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 31st *day of* August, *19* 42

Carrie W. Hornbeck
Deputy

(Seal)

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

I, Philip Blumenschein, 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.*

Philip Blumenschein

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 31st *day of* August, *19* 42.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

August 31, 1942

In the Matter of the registration of birth

of Frank Hanson Blumenshine

Case No. A-358

ORDER FOR HEARING

This day Frank Hanson Blumenshine *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

(Seal)

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 31, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of Frank Hanson Blumenshine

Case No. A-358

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Frank Hanson Blumenshine *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 Ethel M. Blumenshine, mother, and Philip Blumenschein, uncle; *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, Paris
(c) Name of hospital or institution: private home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 30 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No. E. Sixth St.

3. Full name of child Blumenshine, Frank Hanson
4. Date of birth May 24, 1908
5. Sex: M.
6. Twin or triplet single; If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Blumenshine, John
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Marysville, Ohio
13. Usual occupation farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Bonnette, Ethel M.
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Leesburg Township, Union County.
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. C. D. Bonnor
Address Marysville, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Harris Winfield Scott

Case No. A-359

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 334 Fifth Ave. Huntington, W. Va. ~~*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
(c) Name of hospital or institution: no
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 15 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No.

3. Full name of child Scott, Harris Winfield

4. Date of birth July 8, 1883

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Scott, Harris Welton
10. Color or race white 11. Age at time of this birth 45 yrs.
12. Birthplace Oswego County, New York
13. Usual occupation shoemaker
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Fleming, Phoebe Rosena
16. Color or race white 17. Age at time of this birth 33 yrs.
18. Birthplace Delaware County, 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? 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 unknown
Address
M. D., midwife, or other unknown

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.*

Harris Winfield 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 he *verily believes.*

Harris Winfield Scott
Applicant.

P. O. Address 334 5th Ave. Huntington, W. Va.

Sworn to before me and signed in my presence this 31st *day of* August, *19* 42

Alnet Mayer
(Seal) Alnet Mayer, Notary Public

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the .....

of .....

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

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

P. O. Address .....

Attending Physician.

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

(Seal)

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

I, William F. Morey, 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.*

William F. Morey

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 31st *day of* August, *19* 42

Carrie W. Hornbeck
(Seal) Deputy

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

I, D. G. Scott, 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.*

D. G. Scott

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 31st *day of* August, *19* 42

Carrie W. Hornbeck
(Seal) Deputy

Probate Court, Union **County, Ohio**

August 31, *19* 42

In the Matter of the Registration of the birth

of Harris Winfield Scott

Case No. A-359

ORDER FOR HEARING

This day Harris Winfield Scott *appeared in open court and filed an application for the* registration of his 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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**
August 31, 1942

In the Matter of the
REGISTRATION OF BIRTH
of Harris Winfield Scott

Case No. A-359

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Harris Winfield Scott
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 F. Morey and D. G. Scott, 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
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution none In this community 15 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No.

3. Full name of child Scott, Harris Winfield
4. Date of birth July 8, 1883
5. Sex: male
6. Twin or triplet no If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Scott, Harris Welton
10. Color or race white 11. Age at time of this birth 45 yrs.
12. Birthplace Oswego County, New York
13. Usual occupation shoemaker
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Fleming, Phoebe Rosena
16. Color or race white 17. Age at time of this birth 33 yrs.
18. Birthplace Delaware County, 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? 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 unknown
Address
M. D., midwife, or other unknown

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Margaret Theresa Fox

Case No. A-360

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Detroit, Wayne *County,* ~~Ohio~~ 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) Richwood
(c) Name of hospital or institution: North Franklin (over laundry, no number)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 4½ yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood
(d) Street No. N. Franklin, no number at time, living quarters over laundry

3. Full name of child Fox, Margaret Theresa
4. Date of birth Jan. 6, 1904
5. Sex: F.
6. Twin or triplet no If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Fox, Thomas Alta
10. Color or race white 11. Age at time of this birth 35 yrs.
12. Birthplace Lenawee County, Mich.
13. Usual occupation business
14. Industry or business laundry

MOTHER OF CHILD
15. Full maiden name Wright, Charlotte Alpha
16. Color or race white 17. Age at time of this birth 34 yrs.
18. Birthplace Hocking County, Ohio
19. Usual occupation housewife
20. Industry or business none

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 Dr. H. C. Duke
Address N. Franklin St. Richwood, 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 her birth, *as provided by law.*

Margaret Theresa Fox White
Applicant.

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.*

Margaret Theresa Fox White
Applicant.

P. O. Address 9761 Somerset, Detroit, Mich.

Sworn to before me and signed in my presence this 2 *day of* September, *19* 42

(Seal)

Clifton L. Caryl
Notary Public, Union County, Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

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

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

P. O. Address .....

Attending Physician.

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

(Seal)

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

I, (Mrs.) Charlotte A. 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.*

(Mrs.) Charlotte A. Fox

P. O. Address 47 East Williams St. Delaware, Ohio

Sworn to before me and signed in my presence this 2 *day of* September, *19* 42

Carrie W. Hornbeck
Deputy

(Seal)

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

I, (Mrs.) Dora Wright, 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.) Dora Wright

P. O. Address 55 Park Avenue, Delaware, Ohio

Sworn to before me and signed in my presence this 2 *day of* September, *19* 42

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio
September 2, 1942

In the Matter of the registration of birth
of Margaret Theresa Fox

Case No. A-360

ORDER FOR HEARING

This day Margaret Theresa Fox *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

(Seal)

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

September 2, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of Margaret Theresa Fox

Case No. A-360

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Margaret Theresa Fox
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 Charlotte A. Fox, her mother, and Mrs. Dora Wright, her aunt, 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
(c) Name of hospital or institution: N. Franklin (over laundry)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 4½ yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood
(d) Street No. N. Franklin, no number, at time, living quarters over laundry

3. Full name of child Fox, Margaret Theresa
4. Date of birth Jan. 6, 1904
5. Sex: F.
6. Twin or triplet no ..... If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Fox, Thomas Alta
10. Color or race white 11. Age at time of this birth 35 yrs.
12. Birthplace Lenawee County, Mich.
13. Usual occupation business
14. Industry or business laundry

MOTHER OF CHILD
15. Full maiden name Wright, Charlotte Alpha
16. Color or race white 17. Age at time of this birth 34 yrs.
18. Birthplace Hocking County, 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? 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. H. C. Duke
Address N. Franklin, Richwood, O.
M. D., midwife, or other .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the
Registration of the Birth
In the Matter of the
of Virgil Eric Poling

Case No. A-361

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) Allen Twp.
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Allen
(d) Street No. .....

3. Full name of child Poling Virgil Eric

4. Date of birth 4/29/1897

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Poling erome Ferrington
10. Color or race white 11. Age at time of this birth 23 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farming
14. Industry or business "

MOTHER OF CHILD
15. Full maiden name Spain Lockey Myrtle
16. Color or race white 17. Age at time of this birth 20 yrs.
18. Birthplace Union County, 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. Smith
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 the registration of his birth *as provided by law.*

Virgil Eric 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 he *verily believes.*

Virgil Eric Poling
Applicant.

P. O. Address Raymond, Ohio

Sworn to before me and signed in my presence this 4th *day of* September, *19* 42.

William J. Porter
(Seal) Notary Public, State of Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....
of .....

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

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

I, Clara 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.*

Clara Poling

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 4th *day of* September, *19* 42.

Carrie W. Hornbeck
Deputy
(Seal)

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

I, Jerome Ferrington Poling 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.*

Jerome Ferrington Poling

P. O. Address Marysville, Ohio RFD#5

Sworn to before me and signed in my presence this 4th *day of* September, *19* 42.

Carrie W. Hornbeck
Deputy
(Seal)

Probate Court, Union County, Ohio

September 4th, *19* 42

In the Matter of the
Registration of the Birth
of Virgil Eric Poling

Case No. A-361

ORDER FOR HEARING

This day Virgil Eric Poling *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.
(Seal)

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

September 4, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of Virgil Eric Poling

Case No. A-361

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Virgil Eric Poling
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 Clara Poling and Jerome Ferrington Poling, 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
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 20 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Allen Township
(d) Street No. .....

3. Full name of child Poling, Virgil Eric
4. Date of birth 4/29/1897
5. Sex: male
6. Twin or triplet no; If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Poling, Jerome Ferrington
10. Color or race white 11. Age at time of this birth 23 yrs.
12. Birthplace Allen Township, Union County, O.
13. Usual occupation farming
14. Industry or business farming

MOTHER OF CHILD
15. Full maiden name Spain, Lockey Myrtle
16. Color or race white 17. Age at time of this birth 20 yrs.
18. Birthplace Allen Township, Union County, Ohio
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. Smith (deceased)
Address .....
.....
M. D., midwife, or other .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the registration
In the Matter of the registration of birth
of Leonard Taylor Minor

Case No. A-48

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 20 North Eureka Ave. Columbus *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, Ohio
(c) Name of hospital or institution: None
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 18 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Milford Center
(d) Street No.

3. Full name of child Minor , Leonard Taylor
4. Date of birth 1/9/1905
5. Sex: male
6. Twin or triplet no If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Minor, Taylor Fred
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Licking County, Ohio
13. Usual occupation decorator
14. Industry or business decorator

MOTHER OF CHILD
15. Full maiden name Stanley, Minnie Blanche
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace Madison County, Ohio
19. Usual occupation housewife
20. Industry or business housewife

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? 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

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.*

Leonard Taylor Minor
Applicant.

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.*

Leonard Taylor Minor
Applicant.

P. O. Address 20 North Eureka Ave. Columbus, Ohio

Sworn to before me and signed in my presence this 4th *day of* September, *19* 42.

William J. Porter
(Seal) Notary Public, State of Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....
of .....

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

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

P. O. Address ..... *Attending Physician.*

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

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

I, Minnie Blanche Minor, 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 Blanche Minor

P. O. Address 20 N. Eureka Ave. Columbus, Ohio

Sworn to before me and signed in my presence this 4th *day of* September, *19* 42.

Carrie W. Hornbeck
(Seal) Deputy

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

I, Taylor Fred Minor, 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.*

Taylor Fred Minor

P. O. Address 20 N. Eureka Ave. Columbus, Ohio

Sworn to before me and signed in my presence this 4th *day of* September, *19* 42.

Carrie W. Hornbeck
Deputy

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Leonard Taylor Minor

September 4, *19* 42.

Case No. A-48

ORDER FOR HEARING

This day Leonard Taylor Minor *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

September 4, 1942

In the Matter of the
REGISTRATION OF BIRTH
of Leonard Taylor Minor

Case No. A-48

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Leonard Taylor Minor *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 Minnie Blanche Minor and Taylor Fred Minor, 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, Ohio
(c) Name of hospital or institution: None
(d) Mother's stay before delivery:
In hospital or institution..... In this community 18 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Milford Center
(d) Street No. .....

3. Full name of child Minor, Leonard Taylor

4. Date of birth 1/9/1905

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Minor, Taylor Fred
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Licking County, Ohio
13. Usual occupation decorator
14. Industry or business decorator

MOTHER OF CHILD
15. Full maiden name Stanley, Minnie Blanche
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace Madison County, Ohio
19. Usual occupation housewife
20. Industry or business housewife

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? one
(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.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Archie Ralph Baker

Case No. A-363

APPLICATION

Your applicant respectfully represents that he *was born in* Champaign *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 Champaign
(b) Union Twp.
(c) Name of hospital or institution:
(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 Champaign
(c) Union Twp.
(d) Street No. "

3. Full name of child Baker Archie Ralph

4. Date of birth 3/ 11/ 1898

5. Sex: M.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Baker William Furman
10. Color or race White 11. Age at time of this birth ..... yrs.
12. Birthplace Madison County, Ohio
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Baker, Clara May
16. Color or race white 17. Age at time of this birth 34 yrs.
18. Birthplace Madison County, 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? 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. Preston
Address Mutual, Ohio
M. D., midwife, or other .....

Your applicant further represents that the registration of his b *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.*

Archie Ralph 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.*

Archie Ralph Baker
Applicant.

P. O. Address 120 Chestnut St. Marysville, Ohio

Sworn to before me and signed in my presence this 14th *day of* September, *19* 42

Clifton L. Caryl
Notary Public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Mrs Alice Fife, *do hereby certify that 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 Fife

P. O. Address Plain ity, Ohio

Sworn to before me and signed in my presence this 14th *day of* Sept. *19* 42

Clifton L. Caryl
Notary Public

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

I, Ercel Wooworth 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.*

Ercel oodworth

P. O. Address rwin, Ohio

Sworn to before me and signed in my presence this 14th *day of* Sept. *19* 42

Clifton L. Caryl
otary Public

Probate Court, nion County, Ohio

Sept. 14, *19* 42

In the Matter of the Registration of birth

of Archie Ralph Baker

Case No. A-363 ✓

ORDER FOR HEARING

This day Archie Ralph Baker *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 Master Commissioner to take sworn testimony in said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

Sept. 14, 19 42

In the Matter of the

REGISTRATION OF BIRTH

of Archie Ralph Baker

Case No. A-363

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Archie Ralph Baker *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. Alice Fife, his aunt and Ercel Woodwoth, his 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 Champaign
(b) Union Twp.
(c) Name of hospital or institution:
(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 Champaign
(c) Union Twp.
(d) Street No.

3. Full name of child Baker Archie Ralph

4. Date of birth 3/11/1898

5. Sex: M

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Baker William Furman
10. Color or race white 11. Age at time of this birth 40 yrs.
12. Birthplace Madison County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Baker, Clara May
16. Color or race white 17. Age at time of this birth 34 yrs.
18. Birthplace Madison County, 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? 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. Preston
Address Mutual, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Neil McCormick Simpson

Case No. A-365

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 1034 Kenney Lane, Portsmouth *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) Summersville
(c) Name of hospital or institution: no
(d) Mother's stay before delivery:
In hospital or institution no In this community 8 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Summersville
(d) Street No.

3. Full name of child Simpson, Neil McCormick

4. Date of birth July 26, 1906

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Simpson, George Alvin
10. Color or race white 11. Age at time of this birth 35 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation barber
14. Industry or business

MOTHER OF CHILD
15. Full maiden name McCormick, Nancy Jane
16. Color or race white 17. Age at time of this birth 31 yrs.
18. Birthplace Union County, 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? 1
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Thompson
Address York 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.*

Neil McCormick Simpson
Applicant.

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.*

Neil McCormick Simpson
Applicant.

P. O. Address 1034 Kenney Lane, Portsmouth, Ohio

Sworn to before me and signed in my presence this 11th *day of* September, *19* 42

Alnet Mayer
(Seal) Alnet Mayer, Notary Public

AFFIDAVIT

Probate Court, County, Ohio

In the Matter of the

of

The State of Ohio, County, ss:

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

P. O. Address *Attending Physician.*

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

(Seal)

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

I, George Alvin Simpson, 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 Alvin Simpson

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 11th *day of* September, *19* 42.

Carrie W. Hornbeck
(Seal) Deputy

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

I, Nancy Jane Simpson, 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.*

Nancy Jane Simpson

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 11th *day of* September, *19* 42.

Carrie W. Hornbeck
(Seal) Deputy

Probate Court, Union County, Ohio

September 11, *19* 42

In the Matter of the registration of birth

of Neil McCormick Simpson

Case No. A-365

ORDER FOR HEARING

This day Neil McCormick Simpson *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

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

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

September 11, 19 42

In the Matter of the

REGISTRATION OF BIRTH

of Neil McCormick Simpson

Case No. A-365

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Neil McCormick Simpson *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, George Alvin Simpson, his father, and Mary Jane Simpson, 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) Summersville
(c) Name of hospital or institution: no
(d) Mother's stay before delivery:
In hospital or institution no In this community 8 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Summersville
(d) Street No.

3. Full name of child Simpson, Neil McCormick

4. Date of birth July 26, 1906

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Simpson, George Alvin
10. Color or race white 11. Age at time of this birth 35 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation barber
14. Industry or business

MOTHER OF CHILD

15. Full maiden name McCormick, Nancy Jane
16. Color or race white 17. Age at time of this birth 31 yrs.
18. Birthplace Union County, 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? 1
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Thompson
Address York Center, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Ethel Luave Hodge

Case No. A-366

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Claibourne 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) Washington
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 30 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Washington
(d) Street No. .....

3. Full name of child Hodge, Ethel Luave

4. Date of birth May 21, 1900

5. Sex: F.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Hodge, Charles Henry
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Grand Rapids, R.F.D., Michigan
13. Usual occupation farmer
14. Industry or business farmer

MOTHER OF CHILD
15. Full maiden name Biggs, Alice Bell
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Union Ohio
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. George Miller (deceased)
Address Byhalia, Ohio
M. D., midwife, or other .....

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 Luave Hodge
Applicant.

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 Luave Hodge
Applicant.

P. O. Address Richwood, Ohio, R.F.D.3

Sworn to before me and signed in my presence this 3rd *day of* November, *19* 42.

Robert F. Allen
(Seal) Notary Public for Union Co.

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

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

I, Laura Ellen Cronley, 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 Ellen Cronley

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 3 *day of* November, *19* 42.

Carrie W. Hornbeck
(Seal) Deputy

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

I, Ettie Eva Gibson, 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.*

Ettie Eva Gibson

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 3 *day of* November, *19* 42.

Carrie W. Hornbeck
(Seal) Deputy

Probate Court, Union County, Ohio

November 3, *19* 42.

In the Matter of the registration of birth

of Ethel Luave Hodge

Case No. A-366 ✓

ORDER FOR HEARING

This day Ethel Luave Hodge *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 ..... *be, and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

November 3, 1942

In the Matter of the
REGISTRATION OF BIRTH
of Ethel Luave Hodge

Case No. A-366

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Ethel Luave Hodge *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 persons, credible witnesses 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) Washington
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 30 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Washington
(d) Street No.

3. Full name of child Hodge, Ethel Luave

4. Date of birth May 21, 1900

5. Sex: F.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Hodge, Charles Henry
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Grand Rapids, R.F.D., Michigan
13. Usual occupation farmer
14. Industry or business farmer

MOTHER OF CHILD
15. Full maiden name Biggs, Alice Bell
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Union Ohio
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. George Miller (deceased)
Address Byhalia, Ohio
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of birth

of Maude Muller Vanskiver

Case No. A- 367

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Springfield, 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) Dover Township
(c) Name of hospital or institution: Born at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 20 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Dover Township
(d) Street No.

3. Full name of child Vanskiver Maude Muller

4. Date of birth Feb 12, 1883

5. Sex: Female

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Vanskiver John T
10. Color or race white 11. Age at time of this birth 35 yrs.
12. Birthplace Mechanicsburg, Ohio
13. Usual occupation farmer
14. Industry or business farming

MOTHER OF CHILD
15. Full maiden name Freshwater Susan
16. Color or race white 17. Age at time of this birth 39 yrs.
18. Birthplace Dover Twp. Union County, 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? 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 unknown
Address
M. D., midwife, or other

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.*

Maude Muller Lohnes
Applicant.

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.*

Maude Muller Lohnes
Applicant.

P. O. Address 120 N. Lowry Ave. Springfield, Ohio

Sworn to before me and signed in my presence this 15 *day of* Sept, *19* 42.

William L. Coleman, Notary Public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, H. C. Patrick, half brother 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.*

H. C. Patrick

P. O. Address Ostrander, R.D.2

Sworn to before me and signed in my presence this 15 *day of* September, *19* 42

William L. Coleman, Notary Public

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

I, W. G. McKitrick 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.*

W. G. McKitrick

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 15 *day of* September, *19* 42

William L Coleman, notary public

Probate Court, Union County, Ohio

September 15, *19* 42

In the Matter of the registration of birth

of Maude Muller Vanskiver

Case No. A- 367

ORDER FOR HEARING

This day Maude Muller Vanskiver *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 of said hearing be dispensed with

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

John W. Bailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

September 15, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of Maude Muller Vanskiver

Case No. A- 367

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Maude Muller Vanskiver *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 H. C. Patrick and W. G. McKitrick, 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
(c) Name of hospital or institution: Born at home
(d) Mother's stay before delivery:
In hospital or institution XXX In this community 20 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Dover Township
(d) Street No.

3. Full name of child Vanskiver Maude Muller
4. Date of birth Feb 12, 1883
5. Sex: Female
6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Vanskiver John T
10. Color or race white 11. Age at time of this birth 35 yrs.
12. Birthplace Mechanicsburg, Ohio
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD
15. Full maiden name Freshwater Susan
16. Color or race white 17. Age at time of this birth 39 yrs.
18. Birthplace Dover Twp. Union County, 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? 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 unknown
Address .....
.....
M. D., midwife, or other .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration

of birth of Francis Wesley Hornbeck

Case No. A-369

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Madison *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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 13 mos.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) York Township
(d) Street No.

3. Full name of child Hornbeck, Francis Wesley

4. Date of birth Oct. 20, 1907

5. Sex: M.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Hornbeck, James Leonard
10. Color or race white 11. Age at time of this birth 32 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Hicks, Zella
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Delaware County, 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. Thompson (C.L.)
Address York 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.*

Francis Wesley Hornbeck
Applicant.

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 Wesley Hornbeck
Applicant.

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 6 *day of* December, *19* 43.

MildredL. Fladt
(Seal) Notary Public, Union County, Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

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

I, James L. Hornbeck, 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.*

James L. Hornbeck

P. O. Address RFD # 1, Peoria, Ohio

Sworn to before me and signed in my presence this 6 *day of* December, *19* 43

Mildred L. Fladt
(Seal) Notary Public, Union County, Ohio

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

I, Zella Hornbeck, 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.*

ZellaHornbeck

P. O. Address RFD # 1, Peoria, Ohio

Sworn to before me and signed in my presence this 6 *day of* December, *19* 43.

Mildred L. Fladt
(Seal) Notary Public, Union County, Ohio

Probate Court, Union County, Ohio

December 6, *19* 43.

In the Matter of the registration of birth

of Francis Wesley Hornbeck

Case No. A-369

ORDER FOR HEARING

This day Francis Wesley Hornbeck *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

December 6, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of Francis Wesley Hornbeck

Case No. A-369

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Francis Wesley Hornbeck *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 L. Hornbeck and Zella Hornbeck, his father and 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) York Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution In this community 13 mos.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) York Township
(d) Street No.

3. Full name of child Hornbeck, Francis Wesley

4. Date of birth Oct. 20, 1907

5. Sex: M.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Hornbeck, James Leonard
10. Color or race white 11. Age at time of this birth 32 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Hicks, Zella
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Delaware County, 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. C. L. Thompson
Address York Center, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of birth

of Robert Claude Bailey

Case No. A-372

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Unionville Ctr. Ohio *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
(c) Name of hospital or institution: At home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 24 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Darby
(d) Street No.

3. Full name of child Bailey, Robert Claude

4. Date of birth Jan. 18, 1918

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Bailey, Claude Ottowa
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Anderson County, Kansas
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Flanegin, Clara Viola
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace Leesburg Twp. 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? 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. D. Gardner, deceased
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 the registration of his birth, *as provided by law.*

Robert Claude Bailey
Applicant.

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 Claude Bailey
Applicant.

P. O. Address Unionville Center, Ohio

Sworn to before me and signed in my presence this 22 *day of* September, *19*42.

Carrie W. Hornbeck
Deputy

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

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

I, Clara Viola Flanegin Bailey, monther of Robert Claude 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.*

Robert Claude Bailey

P. O. Address Unionville Center, Ohio

Sworn to before me and signed in my presence this 22 *day of* September, *19*42.

Carrie W. Hornbeck
Deputy

(Seal)

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

I, Claude Ottowa Bailey, father of Robert Claude 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.*

Claude Ottowa Bailey

P. O. Address Unionville Center, Ohio

Sworn to before me and signed in my presence this 22 *day of* September, *19*42.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

September 22, *19*42.

In the Matter of the Registration of birth

of Robert Claude Bailey

Case No. A-372

ORDER FOR HEARING

This day Robert Claude Bailey *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

September 22, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of Robert Claude Bailey

Case No. A-372

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Robert Claude Bailey *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 Clara Viola Flanegin Bailey, his mother, and Claude Ottowa Bailey, 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) Darby
(c) Name of hospital or institution: At home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 24 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Darby
(d) Street No. .....

3. Full name of child Bailey, Robert Claude
4. Date of birth Jan. 18, 1918
5. Sex: Male
6. Twin or triplet single If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Bailey, Claude Ottowa
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Anderson County, Kansas
13. Usual occupation farming
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Flanegin, Clara Viola
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace Leesburg Twp. 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? 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. W. D. Gardener, deceased
Address Plain City, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of William Edward Black

Case No. A-373

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Columbus xxxxxx *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) Village of Broadway
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 21 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Village of Broadway
(d) Street No.

3. Full name of child Black, William Edward
4. Date of birth Nov. 13, 1906
5. Sex: male
6. Twin or triplet no If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Black, David Edward
10. Color or race white 11. Age at time of this birth 33 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Collins, Nellie May
16. Color or race white 17. Age at time of this birth 21 yrs.
18. Birthplace Union County, 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? 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.

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 Edward Black
Applicant.

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 Edward Black
Applicant.

P. O. Address 1478 Sunbury Road, Columbus, Ohio

Sworn to before me and signed in my presence this 21st *day of* September, *19* 42.

Wm. R. Cameron
Notary Public

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

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

P. O. Address .....

Attending Physician.

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

.....

.....

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

I, Charles A. Collins, uncle 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.*

Charles A. Collins

P. O. Address Marysville, Ohio. R. D. # 1

Sworn to before me and signed in my presence this 21st *day of* September, *19* 42.

Carrie W. Hornbeck
Deputy

(Seal)

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

I, George H. Black, uncle 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.*

Geo. H. Black

P. O. Address Marysville, Ohio, R. D. # 3

Sworn to before me and signed in my presence this 21st *day of* September, *19* 42.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

September 21st, *19* 42.

In the Matter of the registration of birth

of William Edward Black

Case No. A-373

ORDER FOR HEARING

This day William Edward Black *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

September 21, 19 42

In the Matter of the

REGISTRATION OF BIRTH

of William Edward Black

Case No. A-373

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of William Edward Black
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 Charles A. Collins and George H. Black, 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) Village of Broadway
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 21 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Village of Broadway
(d) Street No.

3. Full name of child Black, William Edward

4. Date of birth Nov. 13, 1906

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Black, David Edward
10. Color or race white 11. Age at time of this birth 33 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Collins, Nellie May
16. Color or race white 17. Age at time of this birth 21 yrs.
18. Birthplace Union County, 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? 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.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of birth

of Estelle Blanche Lake

Case No. A- 374

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) Claibourne Twp.
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 30 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Claibourne Twp.
(d) Street No.

3. Full name of child Lake, Estelle Blanche

4. Date of birth June 20, 1883

5. Sex: female

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

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 42 yrs.
12. Birthplace Thompson Twp. Del. Co. O.
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Biddle, Ellen Maria
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Columbus, 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? 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. E. T. King
Address Richwood- now deceased
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.*

Estelle Lake Rapp
Applicant.

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.*

Estelle Lake Rapp
Applicant.

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 21 *day of* September, *19* 42

(Seal)

Carrie W. Hornbeck
Deputy

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

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

P. O. Address .....
Attending Physician.

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

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

I, Mary Hastings, *do hereby certify that 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 Hastings

P. O. Address Richwood, O.

Sworn to before me and signed in my presence this 21 *day of* Sept. *19* 42

(Seal)

Carrie W. Hornbeck
Deputy

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

I, Mary E. 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 Richwood, Ohio

Sworn to before me and signed in my presence this 21 *day of* Sept. *19* 42

(Seal)

Carrie W. Hornbeck
Deputy

Probate Court, Union County, Ohio

Sept. 21, *19* 42

In the Matter of the registration of birth

of Estelle Blanche Lake

Case No. 374

ORDER FOR HEARING

This day Estelle Blanche Lake *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.

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

(seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

September 21, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of Estelle Blanche Lake

Case No. A-374

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Estelle Blanche Lake *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 Mary Hastings and Mary E. Lake, sister of Estelle Blanche Lake, 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.
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 30 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Claibourne Twp.
(d) Street No. .....

3. Full name of child Lake, Estelle Blanche

4. Date of birth June 20, 1883

5. Sex: female

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

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 42 yrs.
12. Birthplace Thompson Twp. Del. Co. Ohio
13. Usual occupation farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Biddle, Ellen Maria
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Columbus, 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? 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. E. Y. King
Address Richwood, now deceased
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Thelma Mae Stanford

Case No. A- 375

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* El Monte, California ~~XXXXXXXXX~~ *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) Peoria Liberty
(c) Name of hospital or institution: Home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Peoria Liberty
(d) Street No. R. F. D. # 1

3. Full name of child Stanford Thelma Mae

4. Date of birth Jan. 15, 1921

5. Sex: Female

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Stanford Martin VanBurn
10. Color or race white 11. Age at time of this birth 27 yrs.
12. Birthplace Plain City, Ohio
13. Usual occupation Carpenter
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Austin Opal Mae
16. Color or race white 17. Age at time of this birth 31 yrs.
18. Birthplace Claiborne, Ohio
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. Chas. Thompson
Address Raymond, Ohio
M. D., midwife, or other .....

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 a record of birth *as provided by law.*

Thelma Mae Stanford
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.*

Thelma Mae Stanford
Applicant.

P. O. Address 210 So. Maxson Rd. El Monte, Calif.

Sworn to before me and signed in my presence this 5th *day of* September, *19* 42.

Nellie H. Wolsiffer
Notary Public in and for the County of Los Angeles, State of California
My commission expires November 6th, 1943

(Seal)

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the .....

of .....

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

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

P. O. Address .....

Attending Physician.

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

(Seal)

The State of ~~Ohio~~, California, Los Angeles **County, ss:**

I, Martin Van Burn Stanford, Father of Thelma Mae Stanford, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Martin Van Burn Stanford

P. O. Address 731 Mountain View Road, El Monte, Cal.

Sworn to before me and signed in my presence this 5th *day of* September, *19* 42.

Nellie H. Wolsiffer
Notary Public

(Seal)

The State of ~~Ohio~~, California, Los Angeles **County, ss:**

I, Minnie Alice Melching, aunt of Thelma Mae Stanford, *do hereby certify that 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 Alice Melching

P. O. Address 218 So. Maxson Rd. El Monte, Calif.

Sworn to before me and signed in my presence this 7th *day of* September, *19* 43.

Nellie H. Wolsiffer
Notary Public

(Seal)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of birth

of Thelma Mae Stanford

September 30, *19* 42.

Case No. A-375

ORDER FOR HEARING

This day Thelma Mae Stanford *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 ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal)

John W. Dailey
Probate Judge.

For Deposition of Applicant and Witnesses, see page 615 of this record.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

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

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

December 29, 1942

In the Matter of the

REGISTRATION OF BIRTH

of Thelma Mae Stanford

Case No. A-375

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Thelma Mae Stanford *for an order of The Court directing the registration of* her *birth.*
E.E.Wolford, 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 testimony of Martin Van Burn Stanford and Minnie Alice Melching, 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) Peoria Liberty
(c) Name of hospital or institution: Home
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Peoria Liberty
(d) Street No. .....

3. Full name of child Stanford Thelma Mae
4. Date of birth Jan.15,1921
5. Sex: Female
6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Stanford Martin Van Burn
10. Color or race white 11. Age at time of this birth 27 yrs.
12. Birthplace Plain City, Ohio
13. Usual occupation Carpenter
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Austin, Opal Mae
16. Color or race white 17. Age at time of this birth 31 yrs.
18. Birthplace Claiborne 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? 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. Chas. Thompson
Address Raymond, Ohio
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the
In the Matter of the registration of the birth
of Glen Corydon Curtis

Case No. A-376

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Columbus *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
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 25 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Claibourne
(d) Street No.

3. Full name of child Curtis, Glen Corydon

4. Date of birth May 3, 1895

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Curtis, Charles Augustus
10. Color or race white 11. Age at time of this birth 25 yrs.
12. Birthplace Independence, Kansas
13. Usual occupation painter
14. Industry or business painter

MOTHER OF CHILD
15. Full maiden name Allen, Lillian Marie
16. Color or race white 17. Age at time of this birth 25 yrs.
18. Birthplace Union County, Ohio
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. E. Y. King
Address Richwood, Ohio (deceased)
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.*

Glen Corydon Curtis
Applicant.

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 Corydon Curtis
Applicant.

P. O. Address 1098 Hunter Ave. Columbus, Ohio

Sworn to before me and signed in my presence this 22nd *day of* September, *19* 42.

F. LeRoy Allen
Notary Public, State of Ohio

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the
of

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

I, ... *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

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

I, F. C. Allen, 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.*

F. C. Allen

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 22nd *day of* September, *19* 42.

F. LeRoy Allen
Notary Public, State of Ohio

(Seal)

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

I, Rosa Allen, 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.*

Rosa Allen

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 22nd *day of* September, *19* 42.

F. LeRoy Allen
Notary Public, State of Ohio

(Seal)

Probate Court, Union County, Ohio
September 22, *19* 42.

In the Matter of the registration of birth
of Glen Corydon Curtis

Case No. A-376

ORDER FOR HEARING

This day Glen Corydon Curtis *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

(Seal)

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

September 22, 19 42

In the Matter of the

REGISTRATION OF BIRTH

of Glen Corydon Curtis

Case No. A-376

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Glen Corydon Curtis *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. C. Allen, an uncle of applicant, and Rosa Allen, an aunt of 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) Claibourne
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 25 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Claibourne
(d) Street No. .....

3. Full name of child Curtis, Glen Corydon

4. Date of birth May 3, 1895

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Curtis, Charles Augustus
10. Color or race white 11. Age at time of this birth 25 yrs.
12. Birthplace Independence, Kansas
13. Usual occupation painter
14. Industry or business painter

MOTHER OF CHILD
15. Full maiden name Allen, Lillian Marie
16. Color or race white 17. Age at time of this birth 25 yrs.
18. Birthplace Union County, Ohio
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. E. Y. King
Address Richwood, Ohio (deceased)
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Clark Beach McKitrick

Case No. A-377

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville *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) Union Twp.
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ... In this community 20

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Union Township
(d) Street No.

3. Full name of child McKitrick, Clark Beach

4. Date of birth Oct. 2, 1911

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name McKitrick, Beach Adair
10. Color or race white 11. Age at time of this birth 21 yrs.
12. Birthplace Columbus, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Clark, Emily Loretta
16. Color or race white 17. Age at time of this birth 20 yrs.
18. Birthplace Milford Center, 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? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. W. H. Wills, now deceased
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.*

Clark Beach McKitrick
Applicant.

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.*

Clark Beach McKitrick
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 24 *day of* September, *19* 42

Carrie W. Hornbeck
Deputy

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the ...

of ...

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

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

P. O. Address ...
Attending Physician.

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

...

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

I, Emily Loretta 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.*

Emily Loretta McKitrick

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 24 *day of* September, *19* 42

Carrie W. Hornbeck
Deputy

(Seal)

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

I, Edith Clark, *do hereby certify that 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 Clark

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 24 *day of* September, *19* 42.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

September 24, *19* 42

In the Matter of the registration of the birth

of Clark Beach McKitrick

Case No. A-377

ORDER FOR HEARING

This day Clark Beach McKitrick *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

(Seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

September 24, 1942

In the Matter of the
REGISTRATION OF BIRTH
of Clark Beach McKitrick

Case No. A-377

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Clark Beach McKitrick
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 Edith Clark and Emily Loretta McKitrick, 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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 20

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Union Township
(d) Street No.

3. Full name of child McKitrick, Clark Beach
4. Date of birth Oct. 2, 1911
5. Sex: male
6. Twin or triplet single If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name McKitrick, Beach Adair
10. Color or race white 11. Age at time of this birth 21 yrs.
12. Birthplace Columbus, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Clark, Emily Loretta
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Milford Center, 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? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. W. H. Wills, now deceased
Address Milford Center, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Gerald Prentis Herriott

Case No. A-378

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) Arnold, Ohio, Jerome Twp.
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 20 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Arnold, Jerome Township, Ohio
(d) Street No.

3. Full name of child Herriott, Gerald Prentis

4. Date of birth Nov. 5, 1908

5. Sex: M.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Herriott, John Richard
10. Color or race white 11. Age at time of this birth 21 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation coal and grain dealer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Brooks, Alice
16. Color or race white 17. Age at time of this birth 20 yrs.
18. Birthplace Union County, 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. Gardner
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 the registration of his birth, *as provided by law.*

Gerald Prentis Herriott
Applicant.

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 Prentis Herriott
Applicant.

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 24 *day of* September, *19* 42

Clifton L. Caryl
(Seal) Notary Public, Union County, Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

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

I, Frank Kramer, 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.*

Frank Kramer

P. O. Address E. 5th Street, Marysville, Ohio

Sworn to before me and signed in my presence this 24 *day of* September, *19* 42

Carrie W. Hornbeck
Deputy
(Seal)

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

I, John Richard Herriott, 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 Richard Herriott

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 24 *day of* September, *19* 42

Carrie W. Hornbeck
Deputy
(Seal)

Probate Court, Union County, Ohio

September 24, 1942

In the Matter of the Registration of birth

of Gerald Prentis Herriott

Case No. A-378

ORDER FOR HEARING

This day Gerald Prentis Herriott *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

September 24, 1942

In the Matter of the
REGISTRATION OF BIRTH
of Gerald Prentis Herriott

Case No. A-378

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Gerald Prentis Herriott *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 Kramer, and J. R. Herriott, 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) Arnold, Ohio, Jerome Twp.
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 20 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Arnold, Ohio, Jerome Twp.
(d) Street No.

3. Full name of child Herriott, Gerald Prentis

4. Date of birth Nov. 5, 1908

5. Sex: M.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Herriott, John Richard
10. Color or race white 11. Age at time of this birth 21 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation coal and grain dealer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Brooks, Alice
16. Color or race white 17. Age at time of this birth 20 yrs.
18. Birthplace Union County, 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. Gardner
Address Plain City, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-11—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of the birth

of LeRoy Jennings Ebright

Case No. A-379

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 6149 Canton, Detroit, Mich. *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
(c) Name of hospital or institution: no
(d) Mother's stay before delivery:
In hospital or institution no In this community 10 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Millcreek
(d) Street No.

3. Full name of child Ebright, LeRoy Jennings

4. Date of birth Nov. 2, 1896

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Ebright, Hammer
10. Color or race white 11. Age at time of this birth 23 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation cabinet maker
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Morgan, Lou
16. Color or race white 17. Age at time of this birth 21 yrs.
18. Birthplace Union County, 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 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.*

Leroy Jennings 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.*

Leroy Jennings Ebright
Applicant.

P. O. Address 6149 Canton, Detroit, Mich.

Sworn to before me and signed in my presence this 25th *day of* September, *19* 42.

Alnet Mayer
(Seal) Alnet Mayer, Notary Public

AFFIDAVIT

Probate Court, County, Ohio

In the Matter of the

of

The State of Ohio, County, ss:

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

P. O. Address

Attending Physician.

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

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

I, Robert Ebright, 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 Ebright

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 25th *day of* September, *19* 42.

Carrie W. Hornbeck
(Seal) Deputy

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

I, Berry Thompson, 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.*

Berry Thompson

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 25th *day of* September, *19* 42.

Carrie W. Hornbeck
(Seal) Deputy

Probate Court, Union County, Ohio

In the Matter of the Registration of the birth

of LeRoy Jennings Ebright

September 25, *19* 42.

Case No. A-379

ORDER FOR HEARING

This day LeRoy Jennings Ebright *appeared in open court and filed an application for the* registration of his birth

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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

September 25, 1942

In the Matter of the
REGISTRATION OF BIRTH
of LeRoy Jennings Ebright

Case No. A-379

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of LeRoy Jennings 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 two credible witnesses, Robert Ebright and Berry Thompson; *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
(c) Name of hospital or institution: no
(d) Mother's stay before delivery:
In hospital or institution no In this community 10 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Millcreek
(d) Street No.

3. Full name of child Ebright, LeRoy Jennings

4. Date of birth Nov. 2, 1896

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Ebright, Hammer
10. Color or race white 11. Age at time of this birth 23 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation cabinet maker
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Morgan, Lou
16. Color or race white 17. Age at time of this birth 21 yrs.
18. Birthplace Union County, 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 unknown
Address
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Walter Curtis Connolly

Case No. A-380

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Swing Hall, Oxford ~~xxxx~~, *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.
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 34 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Paris Township
(d) Street No.

3. Full name of child Connolly, Walter Curtis

4. Date of birth 5/1/1922

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Connolly, Curtis V.
10. Color or race white 11. Age at time of this birth 37 yrs.
12. Birthplace Allen Township, Union County, O.
13. Usual occupation farmer
14. Industry or business farmer

MOTHER OF CHILD

15. Full maiden name Shanks, Jessie
16. Color or race white 17. Age at time of this birth 34 yrs.
18. Birthplace Union Township, Union County, O.
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? 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. D. Mills (deceased)
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 the registration of his birth, *as provided by law.*

Walter Curtis 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.*

Walter Curtis Connolly
Applicant.

P. O. Address Swing Hall, Oxford, Ohio

Sworn to before me and signed in my presence this 26 *day of* September, *19* 42.

William J. Porter
Notary Public, State of Ohio

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

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

I, Jessie Connolly, 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 Connolly

P. O. Address Marysville, Ohio, R.F.D. 4

Sworn to before me and signed in my presence this 26 *day of* September, *19* 42.

Carrie W. Hornbeck
Deputy

(Seal)

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

I, Curtis V. Connolly, 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.*

Curtis V. Connolly

P. O. Address Marysville, Ohio, R.F.D. 4

Sworn to before me and signed in my presence this 26 *day of* September, *19* 42.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio
September 26, *19* 42.

In the Matter of the registration of birth

of Walter Curtis Connolly

Case No. A-380

ORDER FOR HEARING

This day Walter Curtis Connolly *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

(Seal)

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

September 26, 19 42.

In the Matter of the
REGISTRATION OF BIRTH
of Walter Curtis Connolly

Case No. A-380

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Walter Curtis Connolly *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 Jessie Connolly and Curtis V. Connolly, 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, Ohio.
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution..... In this community 34 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Paris Township
(d) Street No. .....

3. Full name of child Connolly, Walter Curtis

4. Date of birth 5/1/1922

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Connolly, Curtis V.
10. Color or race white 11. Age at time of this birth 37 yrs.
12. Birthplace Allen Township, Union County, O.
13. Usual occupation farmer
14. Industry or business farmer

MOTHER OF CHILD
15. Full maiden name Shanks, Jessie
16. Color or race white 17. Age at time of this birth 34 yrs.
18. Birthplace Union Township, Union County, Ohio
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? 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. D. Mills (deceased)
Address .....
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of Birth

of Riley Howard

Case No. A-382

APPLICATION

Your applicant respectfully represents that he *was born in* Montgomery *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 Montgomery
(b) Dayton, Ohio
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 5 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Montgomery
(c) Dayton
(d) Street No.

3. Full name of child Howard, Riley

4. Date of birth Nov. 8, 1893

5. Sex: M.

6. Twin or triplet none If so—born 1st, 2nd, or 3d none

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Howard, Pearl
10. Color or race white 11. Age at time of this birth 37 yrs.
12. Birthplace Athens County, Ohio
13. Usual occupation laborer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Keller, Della May
16. Color or race white 17. Age at time of this birth 23 yrs.
18. Birthplace Jackson County, Kansas
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. Bonner
Address Dayton, 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.*

Riley Howard
Applicant.

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.*

Riley Howard
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 29 *day of* September, *19* 42.

(Seal) Clifton L. Caryl
Notary Public, Union County, Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Della May Howard, 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. Della Howard

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 29 *day of* September, *19* 42.

(Seal) Undine Dailey
Deputy

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*.....

Probate Court, Union County, Ohio

September 29, *19* 42.

In the Matter of the Registration of Birth

of Riley Howard

Case No. A-382

ORDER FOR HEARING

This day Riley Howard *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 Master Commissioner to take sworn testimony on said application if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**
September 29, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of Riley Howard

Case No. A-382

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Riley Howard
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 Della May Howard, his mother, and documentary evidence, 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 Montgomery
(b) Dayton, Ohio
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 5 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Montgomery
(c) Dayton
(d) Street No.

3. Full name of child Howard, Riley
4. Date of birth Nov. 8, 1893
5. Sex: M.
6. Twin or triplet single; If so—born 1st, 2nd, or 3d --
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Howard, Pearl
10. Color or race white 11. Age at time of this birth 37 yrs.
12. Birthplace Athens County, Ohio
13. Usual occupation laborer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Keller, Della May
16. Color or race white 17. Age at time of this birth 23 yrs.
18. Birthplace Jackson County, Kansas
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. Bonner
Address Dayton, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Ernest Clifton Butler

Case No. A-381

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* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Logan
(b) Rush Creek Twp.
(c) Name of hospital or institution: Home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 10 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Logan
(c) Rush Creek Township
(d) Street No. unknown

3. Full name of child Butler, Ernest Clifton

4. Date of birth Mch. 12, 1901

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Butler, Wm. E.
10. Color or race white 11. Age at time of this birth 31 yrs.
12. Birthplace Logan Co. Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Gilbert, Nettie
16. Color or race white 17. Age at time of this birth 32 yrs.
18. Birthplace Sandusky, 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? 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 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 the registration of his birth *as provided by law.*

Ernest Clifton Butler
Applicant.

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.*

Ernest Clifton Butler
Applicant.

P. O. Address Richwood, Ohio, R. F. D.

Sworn to before me and signed in my presence this 4 *day of* November, *19* 42.

John W. Dailey
Probate Judge

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

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

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, L. E. Turner, 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.*

Lewis E. Turner

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 4 *day of* Nov., *19* 42.

John W. Dailey
Probate Judge

(Seal)

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

I, Clifton Logan, 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.*

Clifton H. Logan

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 4 *day of* Nov., *19* 42.

John W. Dailey
Probate Judge

(Seal)

Probate Court, Union County, Ohio

November 4, 1942

In the Matter of the registration of birth of

of Ernest Clifton Butler

Case No. A-381

ORDER FOR HEARING

This day Ernest Clifton Butler *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 be dispensed with.

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

(Seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

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

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

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

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

November 4, 1942

In the Matter of the
REGISTRATION OF BIRTH
of Ernest Clifton Butler

Case No. A-381

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Ernest Clifton Butler
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. E. Turner and Clifton Logan, 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) Rush Creek Twp.
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 10 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Logan
(c) Rush Creek Township
(d) Street No.

3. Full name of child Butler, Ernest Clifton

4. Date of birth March 12, 1901

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Butler, Wm. E.
10. Color or race white 11. Age at time of this birth 31 yrs.
12. Birthplace Logan County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Gilbert, Nettie
16. Color or race white 17. Age at time of this birth 32 yrs.
18. Birthplace Sandusky, 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? 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 unknown
Address
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Carroll Edwin Guy

Case No. A-383

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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 4 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Dover Township
(d) Street No.

3. Full name of child Guy, Carroll Edwin

4. Date of birth May 6, 1919

5. Sex: male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Guy, Rolla Trout
10. Color or race white 11. Age at time of this birth 31 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Moseley, Nina Lillian
16. Color or race white 17. Age at time of this birth 26 yrs.
18. Birthplace Delaware County, 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? 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.

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.*

Carroll Edwin Guy
Applicant.

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.*

Carroll Edwin Guy
Applicant.

P. O. Address R.F.D. #2, Marysville, Ohio

Sworn to before me and signed in my presence this 3rd *day of* October, *19* 42.

Wm. R. Cameron
(Seal) Notary Public in and for Union County, Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Lillian M. Guy, 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.*

Lillian M. Guy

P. O. Address Marysville, Ohio, R. # 3

Sworn to before me and signed in my presence this 3rd *day of* October, *19* 42.

Carrie W. Hornbeck
(Seal) Deputy

The State of Ohio, Union **County, ss:**

I, Lulu R. Guy, 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.*

Lulu R. Guy

P. O. Address Marysville, Ohio, R. # 3

Sworn to before me and signed in my presence this 3rd *day of* October, *19* 42.

Carrie W. Hornbeck
(Seal) Deputy

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth

of Carroll Edwin Guy

October 3rd, *19* 42

Case No. A-383

ORDER FOR HEARING

This day Carroll Edwin Guy *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

October 3rd, 19 42.

In the Matter of the
REGISTRATION OF BIRTH
of Carroll Edwin Guy

Case No. A-383

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Carroll Edwin Guy *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 Lillian M. Guy and of Lulu R. Guy, 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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 4 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Dover Township
(d) Street No.

3. Full name of child Guy, Carroll Edwin

4. Date of birth May 6, 1919

5. Sex: male

6. Twin or triplet no; If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Guy, Rolla Trout
10. Color or race white 11. Age at time of this birth 31 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Moseley, Nina Lillian
16. Color or race white 17. Age at time of this birth 26 yrs.
18. Birthplace Delaware County, 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? 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.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Isadore Lester Douglass

Case No. A-384

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 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) Richwood Claibourne
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 27 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Claibourne
(d) Street No.

3. Full name of child Douglas, Isadore Lester

4. Date of birth March 26, 1903

5. Sex: Male

6. Twin or triplet Twin If so—born 1st, 2nd, or 3d 2nd

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Douglas, William Alfred
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Madison County, Ohio
13. Usual occupation Laborer
14. Industry or business Laborer

MOTHER OF CHILD
15. Full maiden name Moore, Carrie Emma
16. Color or race white 17. Age at time of this birth 27 yrs.
18. Birthplace Claibourne Township, Union Co. Ohio
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? 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. B. P. Hall (deceased)
Address Richwood, 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.*

Isadore Lester Douglas
Applicant.

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.*

Isadore Lester Douglas
Applicant.

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 4 *day of* August, *19* 43.

F. LeRoy Allen
(Seal) F. LeRoy Allen, Notary Public for the State of Ohio. My commission expires Feb. 6, 1945

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19* .....

(Seal)

The State of Ohio, Union **County, ss:**

I, Carrie Emma Douglas, 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.*

Carrie Emma Douglas

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 4 *day of* August, *19* 43.

Carrie W. Hornbeck
Deputy
(Seal)

The State of Ohio, Union **County, ss:**

I, William Alfred Douglas, 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 Alfred Douglas

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 4 *day of* August, *19* 43.

Carrie W. Hornbeck
Deputy
(Seal)

Probate Court, Union County, Ohio

August 4, *19* 43.

In the Matter of the registration of birth

of Isadore Lester Douglas

Case No. A-384

ORDER FOR HEARING

This day Isadore Lester Douglas *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 ////////////

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 4, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of Isadore Lester Douglas

Case No. A-384

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Isadore Lester Douglas
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 Carrie Douglas, Mother, and William Douglas, 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) Richwood Claibourne
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution.....In this community 27 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Claibourne
(d) Street No.

3. Full name of child Douglas, Isadore Lester

4. Date of birth March 26, 1903

5. Sex: Male

6. Twin or triplet Twin; If so—born 1st, 2nd, or 3d 2nd

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Douglas, William Alfred
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Madison County, Ohio
13. Usual occupation Laborer
14. Industry or business Laborer

MOTHER OF CHILD
15. Full maiden name Moore, Carrie Emma
16. Color or race white 17. Age at time of this birth 27 yrs.
18. Birthplace Claibourne Township, Union Co. Ohio
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? 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. B. P. Hall (deceased)
Address Richwood, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Daniel Thurman Jackson

Case No. A-386

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Springfield, 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) Liberty Township
(c) Name of hospital or institution:
(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) Liberty Township
(d) Street No.

3. Full name of child Jackson, Daniel Thurman

4. Date of birth June 12, 1905

5. Sex: M.

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Jackson, Daniel Henry
10. Color or race white 11. Age at time of this birth 42 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation railroader
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Shirk, Sara Estella
16. Color or race white 17. Age at time of this birth 32 yrs.
18. Birthplace Union County, 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? 5
(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 Charles A. Thompson
Address Raymond, 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.*

Daniel Thurman 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.*

Daniel Thurman Jackson
Applicant.

P. O. Address 129 N. Wittenburg Ave. Springfield, Ohio

Sworn to before me and signed in my presence this 3 *day of* October, *19* 42

(Seal)

Clifton L. Caryl
Notary Public, Union County, Ohio.

AFFIDAVIT

Probate Court, County, Ohio

In the Matter of the

of

The State of Ohio, County, ss:

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address

Attending Physician.

Sworn to before me and signed in my presence this *day of* , *19*

(Seal)

The State of Ohio, Union **County, ss:**

I, Frank Dawson, *do hereby certify that 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 Dawson

P. O. Address Raymond, Ohio

Sworn to before me and signed in my presence this 3 *day of* October, *19* 42

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Monnet Hurd, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Monnet Hurd

P. O. Address Raymond, Ohio

Sworn to before me and signed in my presence this 3 *day of* October, *19* 42

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

October 3, *19* 42

In the Matter of the registration of birth

of Daniel Thurman Jackson

Case No. A-386

ORDER FOR HEARING

This day Daniel Thurman 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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

October 3, 1942

In the Matter of the
REGISTRATION OF BIRTH
of Daniel Thurman Jackson

Case No. A-386

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Daniel Thurman 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 Frank Dawson and Monnet Hurd, 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
(c) Name of hospital or institution:
(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) Liberty Township
(d) Street No.:

3. Full name of child: Jackson, Daniel Thurman
4. Date of birth: June 12, 1905
5. Sex: M.
6. Twin or triplet: single; If so—born 1st, 2nd, or 3d:
7. Number months of pregnancy: 9
8. Mother married? yes

FATHER OF CHILD
9. Full name: Jackson, Daniel Henry
10. Color or race: white 11. Age at time of this birth: 42 yrs.
12. Birthplace: Union County, Ohio
13. Usual occupation: railroader
14. Industry or business:

MOTHER OF CHILD
15. Full maiden name: Shirk, Sara Estella
16. Color or race: white 17. Age at time of this birth: 32 yrs.
18. Birthplace: Union County, 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? 5
(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: Charles A. Thompson
Address: Raymond, Ohio
M. D., midwife, or other:

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Fred Stoddard Hill

Case No. A-387

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Route #4, Marysville ~~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
(c) Name of hospital or institution: At home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 37 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg
(d) Street No. .....

3. Full name of child Hill, Fred Stoddard

4. Date of birth Aug. 8, 1892

5. Sex: Male

6. Twin or triplet single If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hill, Charles
10. Color or race white 11. Age at time of this birth 38 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farming
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Stoddard, Rose
16. Color or race white 17. Age at time of this birth 37 yrs.
18. Birthplace Champaign County, 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? 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 .....

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 Stoddard 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.*

Fred Stoddard Hill
Applicant.

P. O. Address Mansfield, Ohio

Sworn to before me and signed in my presence this 6th *day of* October, *19* 42.

Carrie W. Hornbeck
Deputy

(Seal)

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Alta Jones, 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.*

Alta Jones

P. O. Address Mechanicsburg, Ohio

Sworn to before me and signed in my presence this 6th *day of* October, *19* 42.

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Owen Jones, 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.*

Owen Jones

P. O. Address Mechanicsburg, Ohio

Sworn to before me and signed in my presence this 6th *day of* October, *19* 42.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union **County, Ohio**

October 6, *19* 42.

In the Matter of the registration of birth

of Fred Stoddard Hill

Case No. A-387

ORDER FOR HEARING

This day Fred Stoddard Hill *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

October 6th, 19 42.

In the Matter of the
REGISTRATION OF BIRTH
of Fred Stoddard Hill

Case No. A-387

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Fred Stoddard 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 Alta Jones, his aunt, and Owen Jones, 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
(c) Name of hospital or institution: At home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 37 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg
(d) Street No. .....

3. Full name of child Hill, Fred Stoddard

4. Date of birth Aug. 8, 1892

5. Sex: Male

6. Twin or triplet single If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Hill, Charles
10. Color or race white 11. Age at time of this birth 38 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farming
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Stoddard, Rose
16. Color or race white 17. Age at time of this birth 37 yrs.
18. Birthplace Champaign County, 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? 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.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Calla Grace Phillips

Case No. A-388

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* St. Louis, Michigan ~~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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 34 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Liberty Township
(d) Street No.

3. Full name of child Phillips, Calla Grace

4. Date of birth Aug. 9, 1887

5. Sex: F.

6. Twin or triplet none If so—born 1st, 2nd, or 3d none

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Phillips, Horton Howard
10. Color or race white 11. Age at time of this birth 36 yrs.
12. Birthplace Huron County, Ohio
13. Usual occupation mason
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Argo, Martha
16. Color or race white 17. Age at time of this birth 34 yrs.
18. Birthplace Union County, 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? 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. Southard
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 her birth, *as provided by law.*

Calla Grace Phillips Updegraff
Applicant.

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.*

Calla Grace Phillips Updegraff
Applicant.

P. O. Address 213 S. Main St. St. Louis, Michigan

Sworn to before me and signed in my presence this 7 *day of* October, *19* 42.

Mildred L. Flatt
Notary Public, Union County, Ohio

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19* .....

.....

.....

The State of Ohio, Union **County, ss:**

I, Ida M. Argo, 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.*

Ida M. Argo

P. O. Address East 6th 635, Marysville, O.

Sworn to before me and signed in my presence this 8 *day of* October, *19*42.

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Belle McLean, 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.*

Belle McLean

P. O. Address St. Louis, Michigan

Sworn to before me and signed in my presence this 8 *day of* October, *19* 42.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

October 8, *19*42.

In the Matter of the registration of birth

of Calla Grace Phillips

Case No. 388

ORDER FOR HEARING

This day Calla Grace Phillips *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**
October 8, 19 42.

In the Matter of the
REGISTRATION OF BIRTH
of Calla Grace Phillips

Case No. A-388

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Calla Grace Phillips *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 Ida M. Argo and Belle McLean, 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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 34 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Liberty Township
(d) Street No.

3. Full name of child Phillips, Calla Grace
4. Date of birth Aug. 9, 1887
5. Sex: F.
6. Twin or triplet none; If so—born 1st, 2nd, or 3d none
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Phillips, Horton Howard
10. Color or race white 11. Age at time of this birth 36 yrs.
12. Birthplace Huron County, Ohio
13. Usual occupation mason
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Argo, Martha
16. Color or race white 17. Age at time of this birth 34 yrs.
18. Birthplace Union County, 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? 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. Southard
Address Marysville, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Glenn Emerson Oman

Case No. A-390

APPLICATION

Your applicant respectfully represents that he *was born in* Fairfield *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 Fairfield
(b) Liberty Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 5 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Fairfield
(c) Liberty Township
(d) Street No.

3. Full name of child Oman, Glenn Emerson

4. Date of birth Aug. 7, 1924

5. Sex: male

6. Twin or triplet no If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Oman, Charles Samuel
10. Color or race white 11. Age at time of this birth 40 yrs.
12. Birthplace Pickaway County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Hines, Mary Deborah
16. Color or race white 17. Age at time of this birth 33 yrs.
18. Birthplace Pickaway County, 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? 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. Charles D. Watkins
Address Etna, Ohio
M. D., midwife, or other M. D.

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.*

Glenn Emerson Oman
Applicant.

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 Emerson Oman
Applicant.

P. O. Address Richwood, Ohio

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

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Charles S. Oman, 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.*

Chas. S. Oman

P. O. Address Plain City, Ohio, R. # 3

Sworn to before me and signed in my presence this 8th *day of* October, *19* 42

Carrie W. Hornbeck
(Seal) Deputy

The State of Ohio, Union **County, ss:**

I, Mary D. Oman, 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.*

Mary D. Oman

P. O. Address Plain City, Ohio, R. # 3

Sworn to before me and signed in my presence this 8th *day of* October, *19* 42.

Carrie W. Hornbeck
(Seal) Deputy

Probate Court, Union County, Ohio

October 8th, 1942

In the Matter of the Registration of Birth

of Glenn Emerson Oman

Case No. A-390

ORDER FOR HEARING

This day Glenn Emerson Oman *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 Master Commissioner to take sworn testimony in said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
(Seal) *Probate Judge.*

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

October 8th, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of Glenn Emerson Oman

Case No. A-390

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Glenn Emerson Oman *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 S. Oman and of Mary D. Oman, 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 Fairfield
(b) Liberty Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 5 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Fairfield
(c) Liberty Township
(d) Street No.

3. Full name of child Oman, Glenn Emerson

4. Date of birth Aug. 7, 1924

5. Sex: male

6. Twin or triplet no; If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Oman, Charles Samuel
10. Color or race white 11. Age at time of this birth 40 yrs.
12. Birthplace Pickaway County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Hines, Mary Deborah
16. Color or race white 17. Age at time of this birth 33 yrs.
18. Birthplace Pickaway County, 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? 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. Charles D. Watkins
Address Etna, Ohio
M. D., midwife, or other M. D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Walter Harry

Case No. A-391

APPLICATION

Your applicant respectfully represents that he *was born in* Warren *County, Ohio; that* he *now resides in* West Mansfield, R#1 *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
(b)
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Warren
(c) Blue Ball
(d) Street No.

3. Full name of child Harry Walter
4. Date of birth Sept. 21, 1881
5. Sex: M
6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? Yes

FATHER OF CHILD
9. Full name Harry Henry
10. Color or race white 11. Age at time of this birth 45 yrs.
12. Birthplace Darke County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Harkrader Sarah
16. Color or race White 17. Age at time of this birth 45 yrs.
18. Birthplace Warren County, 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? 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. Eiler
Address Blue Ball, 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.*

Walter Harry
Applicant.

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.*

Walter Harry
Applicant.

P. O. Address W. Mansfield, Ohio R#1

Sworn to before me and signed in my presence this 10th *day of* October, *19* 42

Alnet Mayer
Notary Public

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, Union **County, ss:**

I, Allie 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.*

P. O. Address Middletown, Ohio RD#2

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, Union **County, ss:**

I, Elmer 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.*

P. O. Address Middletown, Ohio RD#2

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

Probate Court, Union County, Ohio

In the Matter of the Registration of the Birth

of Walter Harry

Oct. 10, *19* 42

Case No. A-391

ORDER FOR HEARING

This day Walter Harry *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 Oscar Leiser, Probate Judge, Butler County, Ohio *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

For Deposition of Witnesses, see page 612.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

In the Matter of the
REGISTRATION OF BIRTH
of Walter Harry

October 15, 19 42.

Case No. A-391

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Walter Harry
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 Elmer Fisher and Allie Fisher, 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 Warren
(b) Blue Ball
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 20 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Warren
(c) Blue Ball
(d) Street No.

3. Full name of child Harry Walter

4. Date of birth Sept. 21, 1881

5. Sex: M

6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Harry Henry
10. Color or race white 11. Age at time of this birth 45 yrs.
12. Birthplace Darke County, Ohio
13. Usual occupation farmer
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Harkrader, Sarah
16. Color or race white 17. Age at time of this birth 45 yrs.
18. Birthplace Warren County, 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? 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. Eiler
Address Blue Ball, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

Case No. .....

FINDING AND ORDER
CORRECTION OF BIRTH RECORD

....., 19.....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Wilma Dale Marsh

Case No. A-392

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Morral, Ohio, 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) Jackson
(c) Name of hospital or institution: At home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 21 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson
(d) Street No. .....

3. Full name of child Marsh, Wilma Dale

4. Date of birth May 22, 1917

5. Sex: Female

6. Twin or triplet dingle If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Marsh, Frank Burns
10. Color or race white 11. Age at time of this birth 24 yrs.
12. Birthplace JacksonTwp., Union Co., O.
13. Usual occupation farming
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Jerew, Nellie Florence
16. Color or race white 17. Age at time of this birth 21 yrs.
18. Birthplace Jackson Twp., 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? 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 R. H. Finnefrock, now deceased
Address Prospect, Ohio
M. D., midwife, or other .....

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.*

Wilma Dale 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 she *verily believes.*

Wilma Dale Marsh
Applicant.

P. O. Address Morral, Ohio

Sworn to before me and signed in my presence this 10th *day of* October, 1942.

Carrie W. Hornbeck
Deputy

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Frank Burns Marsh, 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 Burns Marsh

P. O. Address Richwood, Ohio R#1

Sworn to before me and signed in my presence this 10th *day of* October, *19* 42.

Carrie W. Hornbeck
Deputy

The State of Ohio, Union **County, ss:**

I, Anna Gertrude McLean, 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.*

Anna Gertrude McLean

P. O. Address Moral, Ohio

Sworn to before me and signed in my presence this 10th *day of* October, *19* 42.

Carrie W. Hornbeck
Deputy

Probate Court, Union County, Ohio

Oct. 10th, *19* 42.

In the Matter of the Registration of the Birth

of Wilma Dale Marsh

Case No. A-392

ORDER FOR HEARING

This day Wilma Dale Marsh *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 on said hearing be dispensed with

It is further ordered by The Court, that ..... *be and hereby is appointed Master Commissioner to take sworn testimony in said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

Oct. 10, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of Wilma Dale Marsh

Case No. A-392

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Wilma Dale Marsh
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 Burns Marsh, her father and Anna Gertrude McLean, her aunt, 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) at home
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 21 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson
(d) Street No.

3. Full name of child Marsh Wilma Dale

4. Date of birth 5/22/1917

5. Sex: Female

6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Marsh, Frank Burns
10. Color or race white 11. Age at time of this birth 24 yrs.
12. Birthplace farming
13. Usual occupation
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Jerew Nellie Florence
16. Color or race white 17. Age at time of this birth 21 yrs.
18. Birthplace Union County, 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 R. H. Finnefrock
Address Prospect, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Dana Thomas Spain

Case No. A-393

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) Marysville
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 3 mons

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No.

3. Full name of child Spain Dana Thomas

4. Date of birth 6/13/1907

5. Sex: Male

6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Spain Lawrence Gail
10. Color or race white 11. Age at time of this birth 27 yrs.
12. Birthplace Champain County, Ohio
13. Usual occupation cement worker
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Grubbs Eva
16. Color or race white 17. Age at time of this birth 25 yrs.
18. Birthplace Champaign County, 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? 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. Bonner
Address Marysville, Ohio
M. D., midwife, or other

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 the registration of his birth, *as provided by law.*

Dana Thomas Spain
Applicant.

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 Thomas Spain
Applicant.

P. O. Address 385-14th St. Columbus, Ohio

Sworn to before me and signed in my presence this 10th *day of* October, *19* 42.

Clifton L. Caryl
Notary Public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, Union **County, ss:**

I, Lawrence Gail Spain, 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.*

Lawrence Gail Spain

P. O. Address Ridgeway, Ohio RD#2

Sworn to before me and signed in my presence this 10th *day of* October, *19* 42.

Clifton L. Caryl
Notary Public

The State of Ohio, Union **County, ss:**

I, Eva Spain, 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.*

Eva Spain

P. O. Address Ridgeway RFD#2, Ohio

Sworn to before me and signed in my presence this 10th *day of* October, *19* 42.

Clifton L. Caryl
Notary Public

Probate Court, Union County, Ohio

Oct. 10th, *19* 42

In the Matter of the Registration of the Birth

of Dana Thomas Spain

Case No. A-393

ORDER FOR HEARING

This day Dana Thomas Spain *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 anf that notice of said hearing be dispe dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

October 10, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of Dana Thomas Spain

Case No. A-393

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Dana Thomas Spain
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 Lawrence Gail Spain, his father, and Eva Spain, 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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 3 mons.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No.

3. Full name of child Spain Dana Thomas

4. Date of birth 6/13/1907

5. Sex: Male

6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Spain Lawrence Gail
10. Color or race white 11. Age at time of this birth 27 yrs.
12. Birthplace Champaign County, Ohio
13. Usual occupation cement worker
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Grubbs Eva
16. Color or race white 17. Age at time of this birth 25 yrs.
18. Birthplace Champaign County, 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? 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. Bonner
Address Marysville, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of James Henry McPherson

Case No. A-394

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* De Moines, Iowa ~~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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 17yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Claiborne
(d) Street No.

3. Full name of child McPherson James Henry

4. Date of birth 12/17/1884

5. Sex: M.

6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name McPherson Joseph
10. Color or race White 11. Age at time of this birth 24 yrs.
12. Birthplace Pennsylvania
13. Usual occupation carpenter
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Dennis Ida
16. Color or race white 17. Age at time of this birth 17 yrs.
18. Birthplace Claibourne, 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? 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:
Name Dr. Wurtsbaugh
Address Richwood, 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 Henry McPherson
Applicant.

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 Henry McPherson
Applicant.

P. O. Address 931 16thSt. Des Moines, Iowa

Sworn to before me and signed in my presence this 15th *day of* October, *19* 42

William J. Porter
Notary Public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, William Dennis 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.*

William Dennis

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 15th *day of* October, *19* 42

Betty Geer
Deputy

The State of Ohio, Union **County, ss:**

I, Kathryn Dennis, 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.*

Kathryn Dennis

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 15 *day of* Oct., *19* 42

Betty Geer
Deputy

Probate Court, Union County, Ohio

Oct. 15, *19* 42

In the Matter of the Registration of the Birth

of James Henry McPherson

Case No. A-394

ORDER FOR HEARING

This day James Henry McPherson *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

In the Matter of the
REGISTRATION OF BIRTH
of James Henry McPherson

Oct. 15, 19 42.

Case No. A-394

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of James Henry McPherson
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 Dennis and Kathryn Dennis, 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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 17 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Claibourne
(d) Street No.

3. Full name of child McPherson James Henry

4. Date of birth 12/17/1884

5. Sex: M

6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name McPherson Joseph
10. Color or race white 11. Age at time of this birth 24 yrs.
12. Birthplace Pennsylvania
13. Usual occupation Carpenter
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Dennis Ida
16. Color or race white 17. Age at time of this birth 17 yrs.
18. Birthplace Union County, 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. Wurtsbaugh
Address Richwood, Ohio
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

....., 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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Gladys Josephine Jaggers

Case No. A-395

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Leader Street, Marion ~~xxxx~~ *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, Ohio
(c) Name of hospital or institution: None
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville, Ohio
(d) Street No. .....

3. Full name of child Jaggers, Gladys Josephine

4. Date of birth 1/4/1918

5. Sex: Female

6. Twin or triplet no If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Jaggers, Charles Curl
10. Color or race white 11. Age at time of this birth 42 yrs.
12. Birthplace Marysville, Ohio, Union County
13. Usual occupation laborer
14. Industry or business laborer

MOTHER OF CHILD
15. Full maiden name Mattox, Minta Mae
16. Color or race white 17. Age at time of this birth 37 yrs.
18. Birthplace Marysville, Ohio, Union County
19. Usual occupation housewife
20. Industry or business housewife

21. Children born to this mother: eleven
(a) How many other children of this mother are now living? seven
(b) How many other children were born alive but are now dead? two
(c) How many children were born dead? two

22. Attending Physician or Midwife:
Name None
Address .....
.....
M. D., midwife, or other .....

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.*

Gladys Josephine Jaggers
Applicant.

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.*

Gladys Josephine Jaggers
Applicant.

P. O. Address Leader Street, Marion, Ohio

Sworn to before me and signed in my presence this 14th *day of* October, *19* 42

William J. Porter
Notary Public, State of Ohio

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

The State of Ohio, Union **County, ss:**

I, Luella Spain, 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.*

Louella Spain

P. O. Address Fourth Street, Marysville, O.

Sworn to before me and signed in my presence this 14th *day of* October, *19* 42

John W. Dailey
Probate Judge

(Seal)

The State of Ohio, Union **County, ss:**

I, Viola E. Bowersmith, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Viola E. Bowersmith

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 14th *day of* October, *19* 42

John W. Dailey
Probate Judge

(Seal)

Probate Court, Union County, Ohio

October 14, *19* 42

In the Matter of the registration of birth

of Gladys Josephine Jaggers

Case No. A-395

ORDER FOR HEARING

This day Gladys Josephine Jaggers *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

(Seal)

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

October 14, *19* 42

In the Matter of the
REGISTRATION OF BIRTH
of Gladys Josephine Jaggers

Case No. A-395

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Gladys Josephine Jaggers *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 Luella Spain and Viola Bowersmith, 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
(c) Name of hospital or institution: None
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Unipn
(c) Marysville, Ohio
(d) Street No. .....

3. Full name of child Jaggers, Gladys Josephine
4. Date of birth 1/4/1918
5. Sex: Female
6. Twin or triplet no; If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Jaggers, Charles Curl
10. Color or race white 11. Age at time of this birth 42 yrs.
12. Birthplace Marysville, Ohio, Union County
13. Usual occupation laborer
14. Industry or business laborer

MOTHER OF CHILD
15. Full maiden name Mattox, Minta Mae
16. Color or race white 17. Age at time of this birth 37 yrs.
18. Birthplace Marysville, Ohio, Union County
19. Usual occupation housewife
20. Industry or business housewife

21. Children born to this mother: eleven
(a) How many other children of this mother are now living? seven
(b) How many other children were born alive but are now dead? two
(c) How many children were born dead? two

22. Attending Physician or Midwife:
Name None
Address .....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., *19*.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the
REGISTRATION OF THE BIRTH
In the Matter of the
of Jared Theodore Monson

Case No. A-399

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) Jackson Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 37 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson Township
(d) Street No.

3. Full name of child Monson, Jared Theodore
4. Date of birth Oct. 11, 1915
5. Sex: male
6. Twin or triplet no ... If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Monson, Theodore Miller
10. Color or race white 11. Age at time of this birth 40 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation teacher
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Temple, Florence Leona
16. Color or race white 17. Age at time of this birth 37 yrs.
18. Birthplace Union County, 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? 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. George Miller
Address Byhalia, Ohio
M. D., midwife, or other M. D.

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.*

Jared Theodore Monson
Applicant.

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.*

Jared Theodore Monson
Applicant.

P. O. Address Marion, Ohio

Sworn to before me and signed in my presence this 15th *day of* October, 1942

Wm. R. Cameron
(Seal) Notary Public in and for Union County, Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....
of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address ..... *Attending Physician.*

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

.....

The State of Ohio, Union **County, ss:**

I, Theodore M. Monson, 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.*

Theodore M. Monson

P. O. Address Richwood, Ohio, R.#1

Sworn to before me and signed in my presence this 15th *day of* October, *19* 42

Wm. R. Cameron
(Seal) Notary Public in and for Union County, Ohio

The State of Ohio, Union **County, ss:**

I, Florence L. Monson, 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.*

Florence L. Monson

P. O. Address Richwood, Ohio, R.#1

Sworn to before me and signed in my presence this 15th *day of* October, *19* 42.

Wm. R. Cameron
(Seal) Notary Public in and for Union County, Ohio

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Jared Theodore Monson

October 15th, *19* 42

Case No. 399

ORDER FOR HEARING

This day Jared Theodore Monson *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application be hadforthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

October 15, 19 42

In the Matter of the
REGISTRATION OF BIRTH
of Jared Theodore Monson

Case No. A-399

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Jared Theodore Monson *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 Theodore M. Monson and Florence L. Monson, 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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 37 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson Township
(d) Street No.

3. Full name of child Monson, Jared Theodore
4. Date of birth Oct. 11, 1915
5. Sex: male
6. Twin or triplet no; If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Monson, Theodore Miller
10. Color or race white 11. Age at time of this birth 40 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation teacher
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Temple, Florence Leona
16. Color or race white 17. Age at time of this birth 37 yrs.
18. Birthplace Union County, 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? 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. George Miller
Address Byhalia, Ohio
M. D., midwife, or other M. D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Henrietta Moyer

Case No. A-439

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Richwood, 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) Claibourne Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 10 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Claibourne Township
(d) Street No.

3. Full name of child Moyer Henrietta
4. Date of birth Jan 11, 1913
5. Sex: Female
6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Moyer Charles
10. Color or race white 11. Age at time of this birth 31 yrs.
12. Birthplace Marion, County, Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Griffith Loa
16. Color or race white 17. Age at time of this birth 26 yrs.
18. Birthplace Prospect, 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? 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. Roebuck
Address Marion, Ohio
M. D., midwife, or other

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.*

Henrietta Moyer 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.*

Henrietta Moyer Sullivan
Applicant.

P. O. Address Richwood Ohio

Sworn to before me and signed in my presence this 3 *day of* December, *19* 42.

Carrie W. Hornbeck, deputy

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Charles Moyer, father or Henrietta Moyer, *do hereby certify that 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 Moyer

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 3 *day of* December, *19* 42.

Carrie W. Hornbeck, deputy clerk

The State of Ohio, Union **County, ss:**

I, Loa Moyer, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Loa Moyer

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 3 *day of* December, *19* 42.

Carrie W. Hornbeck, deputy clerk

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of Henrietta Moyer

December 3, *19* 42.

Case No. A-439

ORDER FOR HEARING

This day Henrietta Moyer *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Bailey
Probate Judge.

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court,.....Union.....County, Ohio

In the Matter of the
REGISTRATION OF BIRTH
of Henrietta Moyer

December 3,....., 19 42

Case No. A-439

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Henrietta Moyer *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 Moyer and Loa Moyer, 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 Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 10 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Claibourne Township
(d) Street No.

3. Full name of child Moyer Henrietta
4. Date of birth Jan 11, 1913
5. Sex: Female
6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Moyer Charles
10. Color or race white 11. Age at time of this birth 31 yrs.
12. Birthplace Marion County, Ohio
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Griffith Loa
16. Color or race white 17. Age at time of this birth 26 yrs.
18. Birthplace Prospect 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? 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. Roebuck
Address Marion, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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. Daley
Probate Judge.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Howard Manley Sager

Case No. A-447

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Chicago, Cook *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 County, Ohio
(b) near Marysville
(c) Name of hospital or institution: on farm on outskirts of Marysville
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) on farm on outskirts of Marysville
(d) Street No. .....

3. Full name of child Sager, Howard Manley
4. Date of birth Oct. 2, 1889
5. Sex: Male
6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Sager, Charles Abraham
10. Color or race white 11. Age at time of this birth 21 yrs.
12. Birthplace near Marysville, Ohio
13. Usual occupation Physician
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Gantt, Mary Jane
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Centerburg 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. Graham or Graeme
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.*

Howard Manley Sager
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.*

Howard Manley Sager
Applicant.

P. O. Address 1127 East 62nd St. Chicago, Ill.

Sworn to before me and signed in my presence this 14th *day of* December, *19* 42.

C. N. Leach
Notary Public, My commission expires March 20, 1944

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....

Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19* .....

(Seal)

The State of Ohio, Knox **County, ss:**

I, S. O. Gantt, M.D., 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.*

S. O. Gantt, M.D.

P. O. Address Centerburg, Ohio

Sworn to before me and signed in my presence this 15 *day of* December, *19* 42

E. M. Hall
E. M. Hall, Notary Public, My commission expires 11-27-43

(Seal)

The State of Ohio, Illinois, Cook **County, ss:**

I, Annie Edgar, aunt of wife 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.*

Annie Edgar

P. O. Address 1127 East 62nd St. Chicago, Ill.

Sworn to before me and signed in my presence this 19th *day of* December, *19* 42

C. N. Leach
Notary Public, My commission expires March 20, 1944

(Seal)

Probate Court, Union County, Ohio

December 22, 1942

In the Matter of the registration of birth

of Howard Manley Sager

Case No. A-447

ORDER FOR HEARING

This day Howard Manley Sager *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 C. N. Leach, 856 E. 63 St. Chicago, Illinois *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

For Deposition of Applicant and Witness, see page 617

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

December 30, 1942

In the Matter of the
REGISTRATION OF BIRTH
of Howard Manley Sager

Case No. A-447

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Howard Manley Sager
for an order of The Court directing the registration of his *birth.*
C.N.Leach, 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 testimony of Annie Edgar 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) near Marysville
(c) Name of hospital or institution: on farm on outskirts of Marysville
(d) Mother's stay before delivery: In hospital or institution..... In this community several years

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) farm on outskirts of Marysville
(d) Street No.

3. Full name of child Sager, Howard Manley
4. Date of birth Oct. 2, 1879
5. Sex: Male
6. Twin or triplet no If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Sager Charles Abraham
10. Color or race white 11. Age at time of this birth 21 yrs.
12. Birthplace near Marysville, Ohio
13. Usual occupation farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Gantt, Mary Jane
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Centerburg, 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. Graham
Address Marysville, Ohio
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Juanita Myrtle Rogers

Case No. A-451

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Magnetic Springs xxx *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) Taylor Township
(c) Name of hospital or institution: None
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 5 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Taylor Township
(d) Street No. None

3. Full name of child Rogers, Juanita Myrtle
4. Date of birth 6/2/1903
5. Sex: Female
6. Twin or triplet no If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Rogers William Howard
10. Color or race white 11. Age at time of this birth 25 yrs.
12. Birthplace Taylor Township, Union Co. O.
13. Usual occupation Farmer
14. Industry or business Farmer

MOTHER OF CHILD
15. Full maiden name Thackery, Clara Bell
16. Color or race white 17. Age at time of this birth 23 yrs.
18. Birthplace Logan County, Ohio
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. D. J. Jenkins (deceased)
Address
M. D., midwife, or other

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.*

Juanita Myrtle Rogers(Herd)
Applicant.

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.*

Juanita Myrtle Rogers (Herd)
Applicant.

P. O. Address Magnetic Springs, Ohio

Sworn to before me and signed in my presence this 8th *day of* January, *19* 43.

William J. Porter
William J.Porter, Notary Public, State of Ohio. Commission expires Jan.16th,1945

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19* .....

(Seal)

The State of Ohio, Union **County, ss:**

I, Clara Bell Rogers, 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.*

Clara Bell Rogers

P. O. Address West Mansfield, R. F. D. # 1

Sworn to before me and signed in my presence this 8th *day of* January, *19* 43.

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, William Howard Rogers, 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 Howard Rogers

P. O. Address West Mansfield, R1 F. D. #1

Sworn to before me and signed in my presence this 8th *day of* January, *19* 43.

Carrie W. Hornbeck
Deputy

(seal)

Probate Court, Union County, Ohio
January 8, *19* 43.

In the Matter of the Registration of Birth
of Juanita Myrtle Moore

Case No. A-451

ORDER FOR HEARING

This day Juanita Myrtle 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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

January 8th, 19 43.

In the Matter of the

REGISTRATION OF BIRTH

of Juanita Myrtle Rogers

Case No. A-451

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Juanita Myrtle Rogers *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 Bell Rogers and William Howard Rogers, 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
(c) Name of hospital or institution: None
(d) Mother's stay before delivery:
In hospital or institution..... In this community 5 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Taylor Township
(d) Street No. None

3. Full name of child Rogers, Juanita Myrtle
4. Date of birth 6/2/1903
5. Sex: Female
6. Twin or triplet no; If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Rogers William Howard
10. Color or race white 11. Age at time of this birth 25 yrs.
12. Birthplace Taylor Township, Union County, O.
13. Usual occupation Farmer
14. Industry or business Farmer

MOTHER OF CHILD
15. Full maiden name Thackery, Clara Bell
16. Color or race white 17. Age at time of this birth 23 yrs.
18. Birthplace Logan County, Ohio
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. D. J. Jenkins (deceased)
Address .....
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-11—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the
In the Matter of the registration of birth
of Ozias Samuel Peter Davis

Case No. A-453

APPLICATION

Your applicant respectfully represents that he *was born in* Marion *County, Ohio; that* he *now resides in* Madison *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) LaRue
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 1 yr.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Marion
(c) LaRue
(d) Street No.

3. Full name of child Davis, Ozias Samuel Peter

4. Date of birth Aug. 2, 1884

5. Sex: M.

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Davis, William Henry Harrison
10. Color or race white 11. Age at time of this birth 49 yrs.
12. Birthplace Springfield Ohio
13. Usual occupation Potter
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Culver, Lavina Elizabeth
16. Color or race white 17. Age at time of this birth 38 yrs.
18. Birthplace Union County, 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? 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 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 the registration of his birth, *as provided by law.*

Ozias Samuel Peter 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.*

Ozias Samuel Peter Davis
Applicant.

P. O. Address West Jefferson, Ohio

Sworn to before me and signed in my presence this 14 *day of* January, *19* 43

(Seal)

Clifton L. Caryl
Clifton L. Caryl, Notary Public, Union County, Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the
of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

The State of Ohio, Union **County, ss:**

I, Joe Jackson, 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.*

Joe Jackson

P. O. Address .....

Sworn to before me and signed in my presence this 14 *day of* January, *19*43

Betty Geer
Deputy Clerk

(Seal)

The State of Ohio, Union **County, ss:**

I, Frank Jackson, 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.*

Franklin Jackson

P. O. Address .....

Sworn to before me and signed in my presence this 14 *day of* January, *19* 43

Betty Geer
Deputy Clerk

Probate Court, Union County, Ohio

January 14, *19*43

In the Matter of the Registration of Birth
of Ozias Samuel Peter Davis

Case No. A-453

ORDER FOR HEARING

This day Ozias Samuel Peter 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 and that notice of said hearing be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

January 14, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of Ozias Samuel Peter Davis

Case No. A-453

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Ozias Samuel Peter 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 Joe Jackson and Frank Jackson, 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) LaRue
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 1 yr.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Marion
(c) LaRue
(d) Street No.

3. Full name of child Davis, Ozias Samuel Peter
4. Date of birth Aug. 2, 1884
5. Sex: M.
6. Twin or triplet single If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Davis, William Henry Harrison
10. Color or race white 11. Age at time of this birth 49 yrs.
12. Birthplace Springfield, Ohio
13. Usual occupation potter
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Culver, Lavina Elizabeth
16. Color or race white 17. Age at time of this birth 38 yrs.
18. Birthplace Union County, 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? 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 unknown
Address
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Henry Wilbern Spain

Case No. A-455

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

(c) Name of hospital or institution:

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 5 yrs.

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Allen Township

(d) Street No.

3. Full name of child Spain, Henry Wilbern

4. Date of birth Aug. 5, 1879

5. Sex: M.

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Spain, William Marion

10. Color or race white 11. Age at time of this birth 27 yrs.

12. Birthplace Union County, Ohio

13. Usual occupation farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Paugh, Alive V.

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Virginia

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. Elliott Smith

Address Pattersburg, 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.*

Henry Wilbern Spain
Applicant.

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 Wilbern Spain
Applicant.

P. O. Address Russells Point, Ohio

Sworn to before me and signed in my presence this 22 *day of* January, *19* 43

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Jake Spain, 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.*

Jake Spain

P. O. Address North Lewisburg, Ohio

Sworn to before me and signed in my presence this 22 *day of* January, *19* 43

Clifton L. Caryl

Notary Public, Union County, Ohio

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.*

Nicholas Stiffler

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 22 *day of* January, *19* 43

Clifton L. Caryl

Notary Public, Union County, Ohio

Probate Court, Union County, Ohio

January 22, *19* 43

In the Matter of the registration of birth

of Henry Wilbern Spain

Case No. A-455

ORDER FOR HEARING

This day Henry Wilbern Spain *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal) John W. Dailey

Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

Sworn to before me and signed in my presence, this.....day of....., 19.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

January 22, 1943

In the Matter of the
REGISTRATION OF BIRTH
of Henry Wilbern Spain

Case No. A-455

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Henry Wilbern Spain *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 Jake Spain, his uncle, and Nick Stiffler, 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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 5 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Allen Township
(d) Street No.

3. Full name of child Spain, Henry Wilbern
4. Date of birth Aug. 5, 1879
5. Sex: M.
6. Twin or triplet single; If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Spain, William Marion
10. Color or race white 11. Age at time of this birth 27 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Paugh, Alice V.
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Virginia
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. Elliott Smith
Address Pottersburg, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Jacob Bryant Burkepile

Case No. A-456

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 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
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 8 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg
(d) Street No.

3. Full name of child Burkepile, Jacob Bryant
4. Date of birth Oct. 28, 1883
5. Sex: Male
6. Twin or triplet single If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Burkepile, Jerry Mira
10. Color or race white 11. Age at time of this birth 38 yrs.
12. Birthplace Pennsylvania
13. Usual occupation farmer
14. Industry or business farmer

MOTHER OF CHILD
15. Full maiden name Nunemaker, Caroline
16. Color or race white 17. Age at time of this birth 38 yrs.
18. Birthplace Union County, Ohio
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? 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 Jane Hildreth
Address Leesburg Township
Union County, 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.*

Jacob Bryant 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.*

Jacob Bryant Burkepile
Applicant.

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this ..... *day of* October, *19* 42

F. LeRoy Allen
F. LeRoy Allen, Notary Public, for the State of Ohio, my commission expires Feb. 6, 1945

(Seal)

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

The State of Ohio, Union **County, ss:**

I, John Zane, 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.*

John Zane

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 22nd *day of* January, *19* 43

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Albert Phipps, 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.*

Albert Phipps

P. O. Address .....

Sworn to before me and signed in my presence this 22nd *day of* January, *19* 43

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union **County, Ohio**

January 22, *19* 43

In the Matter of the registration of birth

of Jacob Bryant Burkepile

Case No. A-456

ORDER FOR HEARING

This day Jacob Bryant 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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

(Seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

January 22, 19 43

In the Matter of the

REGISTRATION OF BIRTH

of Jacob Bryant Burkepile

Case No. A-456

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Jacob Bryant 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 John Zane and Albert Phipps, credible wttnesses; *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
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 8 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg
(d) Street No. .....

3. Full name of child Burkepile, Jacob Bryant
4. Date of birth Oct. 28, 1883
5. Sex: Male
6. Twin or triplet single If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Burkepile, Jerry Mira
10. Color or race white 11. Age at time of this birth 38 yrs.
12. Birthplace Pennsylvania
13. Usual occupation farmer
14. Industry or business farmer

MOTHER OF CHILD
15. Full maiden name Nunemaker, Caroline
16. Color or race white 17. Age at time of this birth 38 yrs.
18. Birthplace Union County, Ohio
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? 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 Jane Hildreth
Address Leesburg Township
Union County, Ohio
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

SEE REGISTRATION OF BIRTH VOLUME 3 PAGE 265

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Scott LeRoy Worthington

Case No. A-457

APPLICATION

Your applicant respectfully represents that.....was born in.....County, Ohio; that.....now resides in.....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 .....
(b) .....
(c) Name of hospital or institution:
.....
(d) Mother's stay before delivery:
In hospital or institution.....In this community.....

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) .....
(d) Street No. .....

3. Full name of child.....
4. Date of birth.....
5. Sex: .....
6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy.....
8. Mother married?.....

FATHER OF CHILD
9. Full name .....
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace .....
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name.....
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace .....
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

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.....

AFFIDAVIT

Probate Court,.....County, Ohio

In the Matter of the

of .....

The State of Ohio,.....County, ss:

I, ..., do hereby certify that I was the physician in attendance at the birth of....., the applicant herein, and that the facts stated in the application are true, as I verily believe.

P. O. Address..... *Attending Physician.*

Sworn to before me and signed in my presence this.....day of....., 19.....

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.....

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.....

Probate Court,.....County, Ohio

In the Matter of the

of .....

....., 19.....

Case No. 4574

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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.

Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., *19.....*

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) .....
(c) Name of hospital or institution:
.....
(d) Mother's stay before delivery:
In hospital or institution.....In this community.....

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) .....
(d) Street No. .....

3. Full name of child.....

4. Date of birth.....

5. Sex: .....

6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy.....

8. Mother married?.....

FATHER OF CHILD

9. Full name .....
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace .....
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name.....
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace .....
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., *19.....*

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Rose Fern Pritchard

Case No. A-458

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Marysville *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) Dover Township
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 12 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Dover Township
(d) Street No. R.F.D. 1

3. Full name of child Pritchard, Rose Fern
4. Date of birth Sept. 23, 1902
5. Sex: F.
6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Pritchard, Frank
10. Color or race white 11. Age at time of this birth 34 yrs.
12. Birthplace Dover Township, Union County
13. Usual occupation farmer
14. Industry or business farmer

MOTHER OF CHILD
15. Full maiden name Mills, Estella
16. Color or race white 17. Age at time of this birth 25 yrs.
18. Birthplace Licking County, Ohio
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? 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. C. D. Mills
Address Marysville, Ohio
M. D., midwife, or other .....

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.*

Rose Fern Gilbert
Applicant.

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.*

Rose Fern Gilbert
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 25th *day of* January, *19* 43

William L. Coleman
Notary Public

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Mrs. Ivan Myers, 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.*

Mrs. Ivan Myers

P. O. Address E. 5th St. Marysville

Sworn to before me and signed in my presence this 25th *day of* January, *19* 43

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Minnie Hartshorn, 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.*

Minnie Hartshorn

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 25th *day of* January, *19* 43

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

January 25, *19* 43

In the Matter of the registration of birth

of Rose Fern Pritchard

Case No. A-458

ORDER FOR HEARING

This day Rose Fern Pritchard *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 thereof be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal)

John W. Dailey
Probate Judge.

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

January 25, *19* 43.

In the Matter of the

REGISTRATION OF BIRTH

of Rose Fern Pritchard

Case No. A-458

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Rose Fern Pritchard *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 Mrs. Ivan Myers and Minnie Hartshorn, 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

(c) Name of hospital or institution: home

(d) Mother's stay before delivery:
In hospital or institution..... In this community 12 yrs.

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Dover Township

(d) Street No. R.F.D.1

3. Full name of child Pritchard, Rose Fern

4. Date of birth Sept. 23, 1902

5. Sex: F.

6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Pritchard, Frank
10. Color or race white 11. Age at time of this birth 34 yrs.
12. Birthplace Dover Township, Union County
13. Usual occupation farmer
14. Industry or business farmer

MOTHER OF CHILD

15. Full maiden name Mills, Estella
16. Color or race white 17. Age at time of this birth 25 yrs.
18. Birthplace Licking County, Ohio
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? 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. C. D. Mills
Address Marysville, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Stanley Thomas

Case No. A-459

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) Union Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 1½ yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Union Township
(d) Street No.

3. Full name of child Thomas, Stanley

4. Date of birth Feb. 26, 1901

5. Sex: M.

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Thomas Arthur
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Gallia County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Hicks, Ella
16. Color or race white 17. Age at time of this birth 26 yrs.
18. Birthplace Gallia County, 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. Boylan
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.*

Stanley 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.*

Stanley Thomas
Applicant.

P. O. Address 1088 Scott Street, Columbus, Ohio

Sworn to before me and signed in my presence this 27 *day of* January, *19* 43.

Mildred L. Fladt
Mildred L. Fladt, Notary Public, Union County, Ohio

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, Union **County, ss:**

I, William S. Nance, 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.*

William S. Nance

P. O. Address Woodstock, Ohio

Sworn to before me and signed in my presence this 27 *day of* January, *19* 43

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Mary M. Nance, 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.*

Mary M. Nance

P. O. Address Woodstock, Ohio

Sworn to before me and signed in my presence this 27 *day of* January, *19* 43

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

January 27, *19* 43

In the Matter of the registration of birth

of Stanley Thomas

Case No. A-459

ORDER FOR HEARING

This day Stanley 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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

January 27, 19 43

In the Matter of the

REGISTRATION OF BIRTH

of Stanley Thomas

Case No. A-459

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Stanley 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* the testimony of William S. Nance, his uncle, and Mary M. Nance, his aunt, 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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 1½ yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Union Township
(d) Street No.

3. Full name of child Thomas, Stanley
4. Date of birth Feb. 26, 1901
5. Sex: M.
6. Twin or triplet single If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Thomas, Arthur
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Gallia County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Hicks, Ella
16. Color or race white 17. Age at time of this birth 26 yrs.
18. Birthplace Gallia County, 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. Boylan
Address Milford Center, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Earl Malcome Gorton

Case No. A-460

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Springfield, Ohio xxxxxxx *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) Union
(c) Name of hospital or institution: At home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 29 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Union
(d) Street No.

3. Full name of child Gorton, Earl Malcome
4. Date of birth July 25, 1894
5. Sex: Male
6. Twin or triplet single If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Gorton, Benjamin
10. Color or race white 11. Age at time of this birth 31 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Hammond, Jenny Ann
16. Color or race white 17. Age at time of this birth 29 yrs.
18. Birthplace Union County, 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? 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 H. J. Lower, now deceased
Address Irwin, 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.*

Earl Malcome Gorton
Applicant.

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 Malcome Gorton
Applicant.

P. O. Address Springfield, Ohio

Sworn to before me and signed in my presence this 27th *day of* January, *19* 43

Carrie W. Hornbeck
Deputy

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Fred Horton, 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.*

Fred Gorton

P. O. Address Irwin, Ohio

Sworn to before me and signed in my presence this 27th *day of* January, *19* 43

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Rena Johnson , 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.*

Rena Johnson

P. O. Address Mechanicsburg, Ohio

Sworn to before me and signed in my presence this 27th *day of* January, *19* 43

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union **County, Ohio**

January 27, *19* 43

In the Matter of the registration of birth

of Earl Malcome Gorton

Case No. A-460

ORDER FOR HEARING

This day Earl Malcome Gorton *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

(Seal)

John W. Dailey
Probate Judge.

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

January 27th, *19* 43.

In the Matter of the
REGISTRATION OF BIRTH
of Earl Malcome Gorton

Case No. A-460

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Earl Malcome Gorton
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 Fred Gorton, his uncle, and Rena Johnson, his 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 Union
(b) Union
(c) Name of hospital or institution: At home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 29 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Union
(d) Street No.

3. Full name of child Gorton, Earl Malcome
4. Date of birth July 25, 1894

5. Sex: Male
6. Twin or triplet single; If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Gorton, Benjamin
10. Color or race white 11. Age at time of this birth 31 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Hammond, Jenny Ann
16. Color or race white 17. Age at time of this birth 29 yrs.
18. Birthplace Union County, 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? 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 H. J. Lower, now deceased
Address Irwin, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of birth

of Vira Ellen Reed

Case No. A- 461

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Toledo, Ohio ~~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) New Dover, Union County, Ohio
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 36 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) New Dover, Ohio
(d) Street No.

3. Full name of child Reed Vira Ellen

4. Date of birth Feb 11, 1926

5. Sex: Female

6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD
9. Full name Reed Homer
10. Color or race white 11. Age at time of this birth 36 yrs.
12. Birthplace Union County
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Roberts Grace
16. Color or race white 17. Age at time of this birth 36 yrs.
18. Birthplace Union County, New Dover
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

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.*

Vira Ellen 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 she *verily believes.*

Vira Ellen Reed
Applicant.

P. O. Address Toledo, Ohio

Sworn to before me and signed in my presence this 28th *day of* January, *19* 43

Appania Hayworth

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Jean Sawyer, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Jean Sawyer

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 28 *day of* January, *19* 43

Apallania Hayworth
Notary Public

The State of Ohio, Union **County, ss:**

I, Lovey R. 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.*

Lovey R. Smith

P. O. Address Dayton, Ohio

Sworn to before me and signed in my presence this 28 *day of* January, *19* 43

Apallania Hayworth

Probate Court, Union County, Ohio

January 28, *19* 43

In the Matter of the registration of birth

of Vira Ellen Reed

Case No. 461

ORDER FOR HEARING

This day Vira Ellen Reed *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 ~~xxxx

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court,.....Union.....County, Ohio

In the Matter of the

REGISTRATION OF BIRTH

of Vira Ellen Reed

Case No. A-461

.....January 28....., *19* 43

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Vira Ellen Reed
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 Jean Sawyer and Llvey R. 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) New Dover, Union County, Ohio
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 36 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) New Dover, Ohio
(d) Street No.

3. Full name of child Reed Vira Ellen
4. Date of birth Feb 11, 1926
5. Sex: Female
6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Reed Homer
10. Color or race white 11. Age at time of this birth 36 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Farmer
14. Industry or business Farmer

MOTHER OF CHILD
15. Full maiden name Roberts Grace
16. Color or race white 17. Age at time of this birth 36 yrs.
18. Birthplace Union County, Ohio, New Dover
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

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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. ailey
Probate Judge.

JOURNAL ENTRY

Probate Court,.....County, Ohio

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Olive Ruth McCamey

Case No. A-462

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Marysville, Ohio xxxxxxx *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) Taylor
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 19 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Taylor
(d) Street No.

3. Full name of child McCamey, Olive Ruth
4. Date of birth Jan. 29, 1904
5. Sex: Female
6. Twin or triplet single If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name McCamey, John Sidney
10. Color or race white 11. Age at time of this birth 25 yrs.
12. Birthplace Claibourne Twp. Union Co.O.
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Collins, Addie A.
16. Color or race white 17. Age at time of this birth 19 yrs.
18. Birthplace Taylor Twp., 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? 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 Pharisburg, Ohio
M. D., midwife, or other

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.*

Olive Ruth Carson
Applicant.

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 Ruth Carson
Applicant.

P. O. Address R.#5, Marysville, Ohio

Sworn to before me and signed in my presence this 1st *day of* February, *19* 43

Carrie W. Hornbeck
Deputy

(Seal)

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address ..... *Attending Physician.*

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, Union **County, ss:**

I, John Sidney McCamey, 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.*

John S. McCamey

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 1st *day of* February, *19* 43

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Addie A. McCamey, her 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.*

Addie A. McCamey

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 1st *day of* February, *19* 43

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union **County, Ohio**

February 1, *19* 43

In the Matter of the registration of birth

of Olive Ruth McCamey

Case No. A-462

ORDER FOR HEARING

This day Olive Ruth McCamey *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

February 1st, *19* 43.

In the Matter of the

REGISTRATION OF BIRTH

of Olive Ruth McCamey

Case No. A-462

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Olive Ruth McCamey
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 Sidney McCamey, her father, and Addie A.McCamey,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 Union
(b) Taylor
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 19 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Taylor
(d) Street No.

3. Full name of child McCamey, Olive Ruth

4. Date of birth Jan. 29, 1904

5. Sex: Female

6. Twin or triplet single If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name McCamey, John Sidney
10. Color or race white 11. Age at time of this birth 25 yrs.
12. Birthplace Claibourne Twp., Union Co. O.
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Collins, Addie A.
16. Color or race white 17. Age at time of this birth 19 yrs.
18. Birthplace Taylor Twp. 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? 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 Pharisburg, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Eva May Foreman

Case No. A-463

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Columbus, Ohio *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) York Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 30 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) York Township
(d) Street No.

3. Full name of child Foreman, Eva May

4. Date of birth June 21, 1922

5. Sex: Female

6. Twin or triplet no If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Foreman, Francis J.
10. Color or race white 11. Age at time of this birth 46 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Beard, Leah
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Union County, 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? 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 unknown
Address
M. D., midwife, or other

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 May Foreman
Applicant.

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 May Foreman
Applicant.

P. O. Address 685 S. High St., Columbus, Ohio

Sworn to before me and signed in my presence this 3rd *day of* February, *19* 43

(Seal)

Carrie W. Hornbeck
Deputy

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, Union **County, ss:**

I, Georgia Auer, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Georgia Auer

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 3rd *day of* February, *19* 43

(Seal)

Carrie W. Hornbeck
Deputy

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*.....

Probate Court, Union County, Ohio
February 3, *19* 43

In the Matter of the registration of birth
of Eva May Foreman

Case No. A-463

ORDER FOR HEARING

This day Eva May Foreman *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

February 3, 1943

In the Matter of the

REGISTRATION OF BIRTH

of Eva May Foreman

Case No. A-463

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Eva May Foreman *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* clear and convincing documentary evidence and the testimony of Georgia Auer, 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) York Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 30 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) York Township
(d) Street No.

3. Full name of child Foreman, Eva May
4. Date of birth June 21, 1922
5. Sex: Female
6. Twin or triplet no
If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Foreman, Francis J.
10. Color or race white 11. Age at time of this birth 46 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Beard, Leah
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Union County, 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? 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 unknown
Address
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of the birth

of William Alonzo Miller

Case No. A-466

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Richwood XXXX *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
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 30

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Claibourne
(d) Street No. .....

3. Full name of child Miller, William Alonzo
4. Date of birth March 28, 1883
5. Sex: M.
6. Twin or triplet single If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Miller, Amos Nelson
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Farmer
14. Industry or business Farmer

MOTHER OF CHILD
15. Full maiden name Livingston, Eliza
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Union Co. Ohio
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? 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. B. Duke
Address deceased
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.*

William Alonzo 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.*

William Alonzo Miller
Applicant.

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 11th *day of* February, *19* 43

Robert F. Allen
Notary Public

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Emma 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.*

Emma Smith

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 13 *day of* February, *19* 43

John W. Dailey
Probate Judge

(Seal)

The State of Ohio, Union **County, ss:**

I, Oather Smith, 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.*

Oather Smith

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 13 *day of* February, *19* 43

John W. Dailey
Probate Judge

(Seal)

Probate Court, Union County, Ohio
February 13, *19* 43

In the Matter of the registration of birth

of William Alonzo Miller

Case No. A-466 ✓

ORDER FOR HEARING

This day William Alonzo Miller *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

February 13, 1943

In the Matter of the
REGISTRATION OF BIRTH
of William Alonzo Miller

Case No. A-466

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of William Alonzo 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 Emma Smith and Oather 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) Claibourne
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 30 years

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Claibourne
(d) Street No. .....

3. Full name of child Miller, William Alonzo
4. Date of birth March 28, 1883
5. Sex: M.
6. Twin or triplet single
If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Miller, Amos Nelson
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business farmer

MOTHER OF CHILD
15. Full maiden name Livingston, Eliza
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Union County, Ohio
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? 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. B. Duke
Address deceased
M. D., midwife, or other .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of James Rea Plotner

Case No. A-467

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Richwood, Ohio ~~XXXXXX~~ *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
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 4 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) York
(d) Street No.

3. Full name of child Plotner, James Rea

4. Date of birth Feb. 10, 1892

5. Sex: M.

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Plotner, William Newton
10. Color or race white 11. Age at time of this birth 27 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business farmer

MOTHER OF CHILD
15. Full maiden name Morrow, Anna Laura
16. Color or race white 17. Age at time of this birth 23 yrs.
18. Birthplace Union County, Ohio
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? 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. Scott (deceased)
Address Byhalia, 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 Rea Plotner
Applicant.

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 Rea Plotner
Applicant.

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 15th *day of* February, *19*43.

F. LeRoy Allen
F.LeRoy Allen, Notary Public for the State of Ohio, My commission expires Feb.6,1945

(Seal)

AFFIDAVIT

Probate Court, County, Ohio

In the Matter of the

of

The State of Ohio, County, ss:

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address Attending Physician.

Sworn to before me and signed in my presence this day of , *19*.

(Seal)

The State of Ohio, Union **County, ss:**

I, Anna Plotner, 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 L. Plotner

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 15th *day of* February, *19*43.

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Bert Middlesworth, 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.*

Bert Middlesworth

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 15th *day of* February, *19*43.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

February 15, *19*43

In the Matter of the Registration of the birth

of James Rea Plotner

Case No. A-467

ORDER FOR HEARING

This day James Rea Plotner *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 of said hearing is herewith dispensed with.

It is further ordered by The Court that be and hereby is *appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

February 15, 19 43.

In the Matter of the

REGISTRATION OF BIRTH

of James Rea Plotner

Case No. A-467

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of James Rea Plotner
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 Anna Plotner, and Bert Middlesworth, 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
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 4 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) York
(d) Street No. .....

3. Full name of child Plotner, James Rea
4. Date of birth Feb. 10, 1892
5. Sex: M.
6. Twin or triplet single If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Plotner, William Newton
10. Color or race white 11. Age at time of this birth 27 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business farmer

MOTHER OF CHILD
15. Full maiden name Morrow, Anna Laura
16. Color or race white 17. Age at time of this birth 23 yrs.
18. Birthplace Union County, Ohio
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? 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. Scott (deceased)
Address Byhalia, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, UNION County, Ohio

In the Matter of the

In the Matter of the registration of birth

of RUTH DELNO ELLIOTT

Case No. A-469

APPLICATION

Your applicant respectfully represents that.....was born in.....County, Ohio; that.....now resides in.....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 .....
(b) .....
(c) Name of hospital or institution:
.....
(d) Mother's stay before delivery:
In hospital or institution.....In this community.....

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) .....
(d) Street No. .....

3. Full name of child.....
4. Date of birth.....
5. Sex: .....
6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy.....
8. Mother married?.....

FATHER OF CHILD

9. Full name .....
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace .....
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name.....
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace .....
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

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.....

AFFIDAVIT

Probate Court,.....County, Ohio

In the Matter of the

of .....

The State of Ohio,.....County, ss:

I, ..., do hereby certify that I was the physician in attendance at the birth of....., the applicant herein, and that the facts stated in the application are true, as I verily believe.

P. O. Address..... *Attending Physician.*

Sworn to before me and signed in my presence this.....day of....., 19.....

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.....

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.....

Probate Court,.....County, Ohio

In the Matter of the

of .....

....., 19.....

Case No. 1169

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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.

Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

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) .....
(c) Name of hospital or institution:
.....
(d) Mother's stay before delivery:
In hospital or institution.....In this community.....

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) .....
(d) Street No. .....

3. Full name of child.....
4. Date of birth.....
5. Sex: .....
6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy.....
8. Mother married?.....

FATHER OF CHILD

9. Full name .....
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace .....
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name.....
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace .....
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Edwin Lewis Miller

Case No. A-470

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) Village of Byhalia
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 17 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Village of Byhalia
(d) Street No. .....

3. Full name of child Miller, Edwin Lewis
4. Date of birth Mar. 23, 1916
5. Sex: M.
6. Twin or triplet 0 If so—born 1st, 2nd, or 3d –
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Miller, Howard Eston
10. Color or race white 11. Age at time of this birth 29 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farming
14. Industry or business farming

MOTHER OF CHILD
15. Full maiden name Sherman, Carrie Ethel
16. Color or race white 17. Age at time of this birth 26 yrs.
18. Birthplace Morrow County, Ohio
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? 0

22. Attending Physician or Midwife:
Name Dr. Sullivan
Address deceased
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.*

Edwin Lewis 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.*

Edwin Lewis Miller
Applicant.

P. O. Address Broadway, Ohio, Box 292

Sworn to before me and signed in my presence this 24th *day of* February, *19* 43.

Apollonia Hayworth
(Seal) Notary Public. My com.exp.Sept.21,1945

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, H. E. Miller, 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.*

Howard Eston Miller

P. O. Address Richwood, R. 1, Ohio

Sworn to before me and signed in my presence this 24th *day of* February, *19* 43.

Carrie W. Hornbeck
(Seal) Deputy

The State of Ohio, Union **County, ss:**

I, Ethel Miller, 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.*

(Carrie) Ethel Miller

P. O. Address Richwood, R. 1, Ohio

Sworn to before me and signed in my presence this 24th *day of* February, *19* 43.

Carrie W. Hornbeck
(Seal) Deputy

Probate Court, Union County, Ohio
February 24, *19* 43.

In the Matter of the registration of birth

of Edwin Lewis Miller

Case No. A-470

ORDER FOR HEARING

This day Edwin Lewis 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 thereof be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

February 24, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of Edwin Lewis Miller

Case No. A-470

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Edwin Lewis 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 H. E. Miller and Ethel Miller, 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) Village of Byhalia
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 17 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Village of Byhalia
(d) Street No.

3. Full name of child Miller, Edwin Lewis

4. Date of birth Mar. 23, 1916

5. Sex: M.

6. Twin or triplet -- If so—born 1st, 2nd, or 3d --

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Miller, Howard Eston
10. Color or race white 11. Age at time of this birth 29 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farming
14. Industry or business farming

MOTHER OF CHILD
15. Full maiden name Sherman, Carrie Ethel
16. Color or race white 17. Age at time of this birth 26 yrs.
18. Birthplace Morrow County, Ohio
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? 0

22. Attending Physician or Midwife:
Name Dr. Sullivan
Address deceased
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of Birth

of James A. Simpson

Case No. A-473

APPLICATION

Your applicant respectfully represents that he *was born in* Ashtabula *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 Ashtabula
(b) Andover
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 2 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Ashtabula
(c) Andover
(d) Street No.

3. Full name of child Simpson James A.

4. Date of birth April 30, 1914

5. Sex: M

6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Simpson George Alvi
10. Color or race white 11. Age at time of this birth 36 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name McCormick, Nancy Jane
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Union County, 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? 7
(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. Sevil
Address Andover, 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 A. Simpson
Applicant.

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 A. Simpson
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 27th *day of* February, *19* 43

Mildred L. Fladt
Notary Public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Nancy J. Simpson, 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.*

Nancy J. Simspon

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 27th *day of* Feb. *19* 43

Carrie W. Hornbeck
Deputy

The State of Ohio, Union **County, ss:**

I, George A. Simpson, 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.*

Geo. A. Simpson

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 27 *day of* Feb. *19* 43

Carrie W. Hornbeck
Deputy

Probate Court, Union County, Ohio
February 27, *19* 43

In the Matter of the Registration of the Birth

of James A. Simpson

Case No. A-473

ORDER FOR HEARING

This day James A. Simpson *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

February 27, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of James A. Simpson

Case No. A-473

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of James A. Simpson *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 Nancy J. Simpson and George A. Simpson, 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 Ashtabula
(b) Andover
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 2 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Ashtabula
(c) Andover
(d) Street No.

3. Full name of child Simpson James A.
4. Date of birth 4/30/1914
5. Sex: M
6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Simpson George Alvie
10. Color or race white 11. Age at time of this birth 36 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name McCormick, Nancy Jane
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Union County, 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? 7
(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. Sevil
Address Andover, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Nora Levina Gannon

Case No. A-474

APPLICATION

Your applicant respectfully represents that she *was born in* Lawrence *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 Lawrence
(b) Powellsville
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 20 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Lawrence
(c) Powellsville
(d) Street No.

3. Full name of child Gannon, Nora Levina

4. Date of birth June 12, 1918

5. Sex: F.

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Gannon, Albert D.
10. Color or race white 11. Age at time of this birth 31 yrs.
12. Birthplace Lawrence County, Ohio
13. Usual occupation laborer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Wilson, Bessie
16. Color or race white 17. Age at time of this birth 20 yrs.
18. Birthplace Lawrence County, 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? 1
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Snyder
Address Lawrance County, Ohio
M. D., midwife, or other

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.*

Nora Levina Gannon Williams
Applicant.

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.*

Nora Levina Gannon Williams
Applicant.

P. O. Address 202 S.Main St. Marysville,Ohio

Sworn to before me and signed in my presence this 2 *day of* March, *19* 43

Mildred L. Fladt

(Seal)

Mildred L.Fladt,Notary Public,Union County, Ohio

AFFIDAVIT

Probate Court, County, Ohio

In the Matter of the

of

The State of Ohio, County, ss:

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address *Attending Physician.*

Sworn to before me and signed in my presence this *day of* , *19* .

The State of Ohio, Union **County, ss:**

I, John Gannon, 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.*

Witness to X mark-Carrie W. Hornbeck

John X Gannon

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 2 *day of* March, *19* 43

(Seal)

Carrie W. Hornbeck
Deputy

The State of Ohio, Union **County, ss:**

I, Bessie Gannon, 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 Gannon

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 2 *day of* March, *19* 43

(Seal)

Carrie W. Hornbeck
Deputy

Probate Court, Union County, Ohio

March 2, *19* 43

In the Matter of the registration of birth

of Nora Levina Gannon

Case No. A-474

ORDER FOR HEARING

This day Nora Levina Gannon *appeared in open court and filed an application for the* registration of her birth.

It is ordered that hearing on said application be had fortnwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that , *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

March 2, 1943

In the Matter of the
REGISTRATION OF BIRTH
of Nora Levina Gannon

Case No. A-474

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Nora Levina Gannon *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 John Gannon, her step-father, and Bessie Gannon, 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 Lawrence
(b) Powellsville
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 20 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Lawrence
(c) Powellsville
(d) Street No.

3. Full name of child Gannon, Nora Levina
4. Date of birth June 12, 1918
5. Sex: F.
6. Twin or triplet single; If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Gannon, Albert D.
10. Color or race white 11. Age at time of this birth 31 yrs.
12. Birthplace Lawrence County, Ohio
13. Usual occupation laborer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Wilson, Bessie
16. Color or race White 17. Age at time of this birth 20 yrs.
18. Birthplace Lawrence County, 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? 1
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Snyder
Address Lawrence County, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., *19.....*

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Edward Murray Clark

Case No. A-476

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Norman, Cleveland *County,* ~~Ohio~~ Oklahoma; *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
(c) Name of hospital or institution: Methodist Protestant Parsonage
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 2 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood
(d) Street No.

3. Full name of child Clark, Edward Murray
4. Date of birth Jan. 26, 1900
5. Sex: Male
6. Twin or triplet no ... If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Clark, Henry Valentine
10. Color or race white 11. Age at time of this birth 40 yrs.
12. Birthplace Adams Township, Hillsdale Co. Michigan
13. Usual occupation Minister, Methodist Protestant Church
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Young, Francine S.
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace North Lewisburg, 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 Wm. B. Duke
Address Richwood, Ohio
M. D., midwife, or other Carrie Hamilton 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~~, Oklahoma, Cleveland **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Edward Murray Clark
Applicant.

P. O. Address 604 So. Crawford, Norman, Okla.

Sworn to before me and signed in my presence this 8 *day of* March, 1943.

Dovie South
Notary Public

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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~~, Kansas, Sedgwick **County, ss:**

I, Henry Valentine Clark, father of Edward Murray Clark, *do hereby certify that 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 Valentine Clark

P. O. Address Clearwater, Kansas

Sworn to before me and signed in my presence this 23rd *day of* February, *19* 43.

Lloyd Bishop
Notary Public

(Seal)

The State of ~~Ohio~~, Kansas, Sedgwick **County, ss:**

I, Francine S. Young-Clark, mother of Edward Murray Clark, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Francine S. Young Clark

P. O. Address Clearwater, Kansas

Sworn to before me and signed in my presence this 23rd *day of* February, *19*43.

Lloyd Bishop
Notary Public

(Seal)

Probate Court, Union County, Ohio
March 11, *19*43.

In the Matter of the registration of birth
of Edward Murray Clark

Case No. A-476

ORDER FOR HEARING

This day Edward Murray Clark *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application be continued Cundiff, Wichita, Kansas

It is further ordered by The Court that J. D. Holland, Norman, Oklahoma and Morris H. / *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

For Deposition of Witnesses & Applicant, see pages 621 and 623

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

March 29, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of Edward Murray Clark

Case No. A-476

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Edward Murray Clark *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* the testimony of Henry Valentine Clark and Francine S. Young Clark, 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
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 2 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood
(d) Street No.

3. Full name of child Clark, Edward Murray
4. Date of birth Jan. 26, 1900
5. Sex: Male
6. Twin or triplet no; If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Clark, Henry Valentine
10. Color or race white 11. Age at time of this birth 40 yrs.
12. Birthplace Hillsdale County, Michigan
13. Usual occupation Minister, Methodist Pro-
14. Industry or business testant Church

MOTHER OF CHILD
15. Full maiden name Young, Francine S.
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Champaign County, 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. Wm. B. Duke and Dr. Clyde Duke
Address Richwood, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of John Wesley Phelps

Case No. A-477

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Moline, Illinois ~~XXXXXX~~ *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) Broadway
(c) Name of hospital or institution: Broadway - (Home)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community yes

2. USUAL RESIDENCE OF MOTHER:
(a) State Deceased
(b) County
(c)
(d) Street No.

3. Full name of child Phelps, John Wesley

4. Date of birth Oct. 14, 1887

5. Sex: Male

6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Phelps, John Steward
10. Color or race white 11. Age at time of this birth 31 yrs.
12. Birthplace Meigs Co. Ohio
13. Usual occupation farmer
14. Industry or business none

MOTHER OF CHILD
15. Full maiden name Lowrie, Matilda Jane
16. Color or race white 17. Age at time of this birth 23 yrs.
18. Birthplace Logan 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? 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. Taylor
Address Deceased
M. D., midwife, or other

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.*

John Wesley Phelps
Applicant.

The State of Ohio, ~~XXX~~ Illinois, Rock Island **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

John Wesley Phelps
Applicant.

P. O. Address 852-19th St. Moline, Ill.

Sworn to before me and signed in my presence this 4th *day of* March, *19* 43

Naomi Handlin
Notary Public

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, John Steward Phelps, 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 Steward Phelps

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 10th *day of* May, *19* 43

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, James Monroe Phelps, 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.*

James Monroe Phelps

P. O. Address 355 Hane Ave. Marion, Ohio

Sworn to before me and signed in my presence this 10th *day of* May, *19* 43

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

March 5, 19 43

In the Matter of the registration of birth

of John Wesley Phelps

Case No. A-477

ORDER FOR HEARING

This day John Wesley Phelps *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 Carl H. Wilson, Moline, Illinois *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

For Deposition, see page 611 of B.R.Reg.& Corr. 3

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

May 10, 1943

In the Matter of the
REGISTRATION OF BIRTH
of John Wesley Phelps

Case No. A-477

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of John Wesley Phelps
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* the testimony of John Steward Phelps and James Monroe Phelps, 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) Broadway
(c) Name of hospital or institution: Broadway - (Home)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Broadway
(d) Street No.

3. Full name of child Phelps, John Wesley
4. Date of birth Oct. 14, 1887
5. Sex: Male
6. Twin or triplet no; If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Phelps, John Steward
10. Color or race white 11. Age at time of this birth 31 yrs.
12. Birthplace Meigs Co. Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Lowrie, Matilda Jane
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Logan 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? 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. Taylor
Address (deceased)
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of the birth

of Hazel Irene Staley

Case No. A-478

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Richwood ~~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) York
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 29 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) York
(d) Street No.

3. Full name of child Staley, Hazel Irene

4. Date of birth December 1, 1887

5. Sex: F.

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Staley, Aquilla Turner
10. Color or race white 11. Age at time of this birth 37 yrs.
12. Birthplace Paris Twp., Ohio
13. Usual occupation Farmer
14. Industry or business Farmer

MOTHER OF CHILD

15. Full maiden name Middleton, Hester Jane
16. Color or race white 17. Age at time of this birth 29 yrs.
18. Birthplace York Twp., Ohio
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? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Hunt (deceased)
Address Summersville, Ohio
M. D., midwife, or other

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 ..... as provided by law.

Hazel Irene Howison
Applicant.

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 Irene Howison
Applicant.

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 25th *day of* February, *19* 43.

(Seal)

Robert F. Allen
Notary Public, Union County, Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

The State of Ohio, Union **County, ss:**

I, Blaine Harris, 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.*

Blaine Harris

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 5th *day of* March, *19* 43

Undine Dailey
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Ethel Imbody, *do hereby certify that 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 Imbody

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 5th *day of* March, *19* 43.

Undine Dailey
Deputy

(Seal)

Probate Court, Union County, Ohio

March 5, *19* 43.

In the Matter of the registration of birth

of Hazel Irene Staley

Case No. A-478

ORDER FOR HEARING

This day Hazel Irene Staley *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 thereof be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

March 5, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of Hazel Irene Staley

Case No. A-478

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Hazel Irene Staley
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 Blaine Harris and Ethel Imbody, 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
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community: 29 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State: Ohio
(b) County: Union
(c): York
(d) Street No.:

3. Full name of child: Staley, Hazel Irene

4. Date of birth: Dec. 1, 1887

5. Sex: F.

6. Twin or triplet: single If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy: 9

8. Mother married?: yes

FATHER OF CHILD
9. Full name: Staley, Aquilla Turner
10. Color or race: white 11. Age at time of this birth: 37 yrs.
12. Birthplace: Paris Twp. Ohio
13. Usual occupation: Farmer
14. Industry or business: Farmer

MOTHER OF CHILD
15. Full maiden name: Middleton, Hester Jane
16. Color or race: white 17. Age at time of this birth: 29 yrs.
18. Birthplace: York Twp. Ohio
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? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name: Dr. Hunt (deceased)
Address: Summersville, Ohio
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the Registration of the Birth
In the Matter of the
of Lucretia Corwin Beckley

Case No. A-479

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) Claibourne
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 8 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Claibourne
(d) Street No. .....

3. Full name of child Beckley, Lucretia Corwin
4. Date of birth 4/14/1902
5. Sex: Female
6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Beckley David Wesley
10. Color or race white 11. Age at time of this birth 42 yrs.
12. Birthplace Augusta, Ohio
13. Usual occupation farmer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Hill, Phebe Ellen
16. Color or race white 17. Age at time of this birth 37 yrs.
18. Birthplace Fayette County, 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? 8
(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. P. B. Hall
Address Richwood, Ohio
.....
M. D., midwife, or other .....

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.*

Lucretia Corwin 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 she *verily believes.*

Lucretia Corwin Beckley
Applicant.

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 24th *day of* February, *19* 43.

F. LeRoy Allen
Notary Public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....
of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Blaine Harris, *do hereby certify that 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 Harris

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 5th *day of* March, *19* 43.

Undine Dailey
Deputy

The State of Ohio, Union **County, ss:**

I, Ethel Imbody, *do hereby certify that 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 Imbody

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 5th *day of* March, *19* 43.

Undine Dailey
Deputy

Probate Court, Union County, Ohio
March 5th, *19* 43

In the Matter of the Registration of the Birth
of Lucretia Corwin Beckley

Case No. A-479

ORDER FOR HEARING

This day Lucretia Corwin Beckley *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 had dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

March 5th, *19* 43

In the Matter of the

REGISTRATION OF BIRTH

Lucretia Corwin Beckley

of .....

Case No. A-479

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lucretia Corwin Beckley *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 Blaine Harris and Ethel Imbody; *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
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 8 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Claibourne
(d) Street No. .....

3. Full name of child Beckley Lucretia Corwin
4. Date of birth 4/14/1902
5. Sex: Female
6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Beckley, David Wesley
10. Color or race white 11. Age at time of this birth 42 yrs.
12. Birthplace Augusta County, Ohio
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Hill, Phebe Ellen
16. Color or race white 17. Age at time of this birth 37 yrs.
18. Birthplace Fayette County, 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? 8
(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. F. B. Hall
Address Richwood, Ohio
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., *19*.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of birth

of Nellie Randall

Case No. A-485

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Toledo XXXXX *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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 28 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c)
(d) Street No.

3. Full name of child Randall Nellie

4. Date of birth July 28, 1889

5. Sex: Female

6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Randall John B.
10. Color or race White 11. Age at time of this birth 32 yrs.
12. Birthplace Jefferson City, Mo
13. Usual occupation Draying
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Marks, Emma
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Union County, 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? 2
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Henderson
Address Marysville, Ohio
M. D., midwife, or other

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.*

Nellie Randall Reams
Applicant.

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.*

Nellie Randall Reams
Applicant.

P. O. Address 2915 Upton Ave, Toledo, Ohio

Sworn to before me and signed in my presence this 16th *day of* March, *19* 43.

Almet Mayer, Notary public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Edward Randall, *do hereby certify that 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 Randall

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 16th *day of* March, *19* 43.

Carrie W. Hornbeck, deputy Clerk

The State of Ohio, Union **County, ss:**

I, O. L. Baker, *do hereby certify that 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. L. Baker

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 16 *day of* March, *19* 43.

Carrie W. Hornbeck, deputy clerk

Probate Court, Union County, Ohio

March 16, *19* 43

In the Matter of the Registration of birth

of Nellie Randall

Case No. A-485

ORDER FOR HEARING

This day Nellie Randall *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 be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Bailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

March 16th, *19* 43.

In the Matter of the
REGISTRATION OF BIRTH
of Nellie Randall

Case No. A-485

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Nellie Randall *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* Edward Randall, uncle, and O. L. Baker, two credible witnesses who know 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) Ohio
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 28 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c)
(d) Street No.

3. Full name of child Randall Nellie
4. Date of birth July 28, 1889
5. Sex: Female
6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Randall John B.
10. Color or race white 11. Age at time of this birth 32 yrs.
12. Birthplace Jefferson City, Mo
13. Usual occupation draying
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Marks Erma
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Union County, 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? 2
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Henderson
Address Marysville, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., *19*.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Cloa Mae Jenkins

Case No. A-487

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Peoria, Ohio, R.F.D.#1 ~~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) Taylor Township
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution ..... In this community life

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Taylor Township
(d) Street No.

3. Full name of child Jenkins, Cloa Mae
4. Date of birth 3/5/1912
5. Sex: Female
6. Twin or triplet no ... If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Jenkins, William Hiatt
10. Color or race white 11. Age at time of this birth 25 yrs.
12. Birthplace Unionville Center, Ohio
13. Usual occupation farmer
14. Industry or business farmer

MOTHER OF CHILD
15. Full maiden name Cook, Edna Mae
16. Color or race white 17. Age at time of this birth 18 yrs.
18. Birthplace Union County, Ohio
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. Jenkins (Deceased)
Address
M. D., midwife, or other

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.*

Cloa Mae Jenkins (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 she *verily believes.*

Cloa Mae Jenkins (Cramer)
Applicant.

P. O. Address R. F. D. # 1, Peoria, Ohio

Sworn to before me and signed in my presence this 3rd *day of* April, *19* 43

William J. Porter
(Seal) Notary Public, State of Ohio

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

The State of Ohio, Union **County, ss:**

I, Edna Mae Jenkins Robertson, 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.*

Edna Mae Jenkins Robertson

P. O. Address R.F.D.#3, Richwood, Ohio

Sworn to before me and signed in my presence this 3rd *day of* April, *19* 43

Carrie W. Hornbeck
(Seal) Deputy

The State of Ohio, Union **County, ss:**

I, Hazel Boysel, 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.*

Hazel Boysel

P. O. Address East Liberty, R.F.D.

Sworn to before me and signed in my presence this 3rd *day of* April, *19* 43

Carrie W. Hornbeck
(Seal) Deputy

Probate Court, Union **County, Ohio**

April 3, *19* 43

In the Matter of the registration of birth

of Cloa Mae Jenkins

Case No. A-487 ✓

ORDER FOR HEARING

This day Cloa Mae Jenkins *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 thereof be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

April 3, 19 43.

In the Matter of the
REGISTRATION OF BIRTH
of Cloa Mae Jenkins

Case No. A-487

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Cloa Mae Jenkins
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 Edna Mae Jenkins Robertson and Hazel Boysel, 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
(c) Name of hospital or institution: None
(d) Mother's stay before delivery:
In hospital or institution..... In this community life

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Taylor Township
(d) Street No.

3. Full name of child Jenkins, Cloa Mae
4. Date of birth 3/5/1912
5. Sex: Female
6. Twin or triplet no; If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Jenkins, William Hiatt
10. Color or race white 11. Age at time of this birth 25 yrs.
12. Birthplace Unionville Center, Ohio
13. Usual occupation farmer
14. Industry or business farmer

MOTHER OF CHILD
15. Full maiden name Cook, Edna Mae
16. Color or race white 17. Age at time of this birth 18 yrs.
18. Birthplace Union County, Ohio
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. Jenkins (deceased)
Address
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-11—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of John Frederick Schreck

Case No. A-488

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) Jerome Township
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 19 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jerome Township
(d) Street No.

3. Full name of child Schreck, John Frederick
4. Date of birth Dec. 7, 1898
5. Sex: male
6. Twin or triplet single If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Schreck, John Nelson
10. Color or race white 11. Age at time of this birth 23 yrs.
12. Birthplace Chillicothe, Ohio
13. Usual occupation railroader
14. Industry or business railroader

MOTHER OF CHILD
15. Full maiden name Davis, Bertha
16. Color or race white 17. Age at time of this birth 19 yrs.
18. Birthplace Plain City, Ohio
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? 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. Haner
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.*

John Frederick Schreck
Applicant.

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 Frederick Schreck
Applicant.

P. O. Address Marion, Ohio

Sworn to before me and signed in my presence this 19th *day of* March, 1943.

Apollonia Hayworth
(Seal) Notary Public, Union County, Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, John Schreck, 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 Schreck

P. O. Address Plain City, R. 3, Ohio

Sworn to before me and signed in my presence this 19th *day of* March, *19* 43.

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Bertha Schreck, 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 Schreck

P. O. Address Plain City, R. 3, Ohio

Sworn to before me and signed in my presence this 19th *day of* March, *19* 43.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of John Frederick Schreck

March 19, *19* 43.
Case No. A-488

ORDER FOR HEARING

This day John Frederick Schreck *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

March 19, 43

In the Matter of the
REGISTRATION OF BIRTH
of John Frederick Schreck

Case No. A-488

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of John Frederick Schreck *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 Schreck and Bertha Schreck, 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, Ohio
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 19yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jerome Township
(d) Street No. .....

3. Full name of child Schreck, John Frederick

4. Date of birth Dec. 7, 1898

5. Sex: male

6. Twin or triplet single If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Schreck, John Nelson
10. Color or race white 11. Age at time of this birth 23 yrs.
12. Birthplace Chillicothe, Ohio
13. Usual occupation railroader
14. Industry or business railroader

MOTHER OF CHILD
15. Full maiden name Davis, Bertha
16. Color or race white 17. Age at time of this birth 19 yrs.
18. Birthplace Plain City, Ohio
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? 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. Haner
Address Plain City, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-11—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Tom George Shirk

Case No. A-489

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Liberty 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) Liberty Township
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 20 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Liberty Township
(d) Street No.

3. Full name of child Shirk, Tom George

4. Date of birth Oct. 14, 1892

5. Sex: male

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Shirk, Charles Webster
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Liberty Township, Union County
13. Usual occupation farmer
14. Industry or business same

MOTHER OF CHILD
15. Full maiden name Berry, Louzetta Ann
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Noble County, Ohio
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? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Harry Southard
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.*

Tom George 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.*

Tom George Shirk
Applicant.

P. O. Address R. 4, Marysville, Ohio

Sworn to before me and signed in my presence this 22nd *day of* March, *19* 43

William L. Coleman
Notary Public

(Seal)

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

The State of Ohio, Union **County, ss:**

I, Charles W. Shirk, 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. Shirk

P. O. Address R. 1, Peoria, Ohio

Sworn to before me and signed in my presence this 22nd *day of* March, *19*43

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Dan E. Shirk, 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.*

Dan E. Shirk

P. O. Address Richwood, R.F.D.

Sworn to before me and signed in my presence this 22nd *day of* March, *19* 43

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union **County, Ohio**

March 22, *19*43

In the Matter of the registration of birth

of Tom George Shirk

Case No. A-489

ORDER FOR HEARING

This day Tom George 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 thereof be dispemsed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

March 22, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of Tom George Shirk

Case No. A-489

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Tom George 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 Charles W. Shirk and Dan E. Shirk, 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
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 20 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Liberty Townsnip
(d) Street No.

3. Full name of child Shirk, Tom George

4. Date of birth Oct. 14, 1892

5. Sex: male

6. Twin or triplet single; If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Shirk, Charles Webster
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Liberty Township, Union County
13. Usual occupation farmer
14. Industry or business same

MOTHER OF CHILD
15. Full maiden name Berry, Louzetta Anna
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Noble County, Ohio
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? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Harry Southard
Address Marysville, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Granville Miller Monson

Case No. A-490

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Camp Ibis, California ~~xxxxxx~~ *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) Jackson Township
(c) Name of hospital or institution: None
(d) Mother's stay before delivery:
In hospital or institution ..... In this community life

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson Township
(d) Street No.

3. Full name of child Monson, Granville Miller

4. Date of birth 1/31/1910

5. Sex: Male

6. Twin or triplet No ... If so—born 1st, 2nd, or 3d x

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD
9. Full name Monson, Theodore M.
10. Color or race white 11. Age at time of this birth 34 yrs.
12. Birthplace Claibourne Township, Ohio
13. Usual occupation Farming
14. Industry or business Farming

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

MOTHER OF CHILD
15. Full maiden name Temple, Florence L.
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Jackson Township, Union Co. Ohio
19. Usual occupation housewife
20. Industry or business housewife

22. Attending Physician or Midwife:
Name Dr. Miller (deceased)
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 the registration of his birth, *as provided by law.*

Granville Miller Monson
Applicant.

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.*

Granville Miller Monson
Applicant.

P. O. Address Richwood, Ohio, R. 1

Sworn to before me and signed in my presence this 22nd *day of* March, *19* 43.

(Seal)

William J. Porter
Notary Public, State of Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

(Seal)

The State of Ohio, Union **County, ss:**

I, Theodore M. Monson, 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.*

Theodore M. Monson

P. O. Address R.F.D.#1, Richwood, Ohio

Sworn to before me and signed in my presence this 22nd *day of* March, *19* 43

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Florence L. Monson, 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 L. Monson

P. O. Address R.F.D.#1, Richwood, Ohio

Sworn to before me and signed in my presence this 22nd *day of* March, *19* 43

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

March 22, 19 43

In the Matter of the registration of birth

of Granville Miller Monson

Case No. A-490

ORDER FOR HEARING

This day Granville Miller Monson *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

March 22nd, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of Granville Miller Monson

Case No. A-490

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Granville Miller Monson
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 Theodore M. Monson and Florence L. Monson, 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
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution..... In this community life

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson Township
(d) Street No. None

3. Full name of child Monson, Granville Miller
4. Date of birth 1/31/1910
5. Sex: Male
6. Twin or triplet no; If so—born 1st, 2nd, or 3d x
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Monson, Theodore M.
10. Color or race white 11. Age at time of this birth 34 yrs.
12. Birthplace Claibourne Township, Ohio
13. Usual occupation farming
14. Industry or business farming

MOTHER OF CHILD
15. Full maiden name Temple, Florence L.
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Jackson Township, Union Co. Ohio
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? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Miller (deceased)
Address .....
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-11—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the
In the Matter of the registration of birth
of Joy Griffith Moyer

Case No. A-491

APPLICATION

Your applicant respectfully represents that he *was born in* Marion *County, Ohio; that* he *now resides in* Richwood, *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) Prospect Twp.
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood,
(d) Street No. .....

3. Full name of child Moyer Joy Griffith
4. Date of birth Nov. 11, 1904
5. Sex: Male
6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Moyer, Charles
10. Color or race white 11. Age at time of this birth 25 yrs.
12. Birthplace Prospect, Ohio
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Griffith Lloa
16. Color or race white 17. Age at time of this birth 19 yrs.
18. Birthplace Marion County, 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. Gast
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 the registration of his birth, *as provided by law.*

Joy Griffith Moyer
Applicant.

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.*

Joy Griffith Moyer
Applicant.

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 24th *day of* March, *19* 43

John W. Dailey
Judge

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the .....
of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Lloa Moyer, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lloa Moyer

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 24 *day of* March, *19* 43

John W. Dailey
Judge

The State of Ohio, Union **County, ss:**

I, Charles Moyer, *do hereby certify that 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. Moyer

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 24 *day of* March, *19* 43

John W. Dailey

Probate Court, Union **County, Ohio**

March 24, *19* 43

In the Matter of the Registration of the birth
of Joy Griffith Moyer

Case No. A-491

ORDER FOR HEARING

This day Joy Griffith Moyer *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

March 24, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of Joy Griffith Moyer

Case No. A-491

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Joy Griffith Moyer *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 LLoa Moyer, his mother and Charles Moyer, 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 Marion
(b) Prospect Twp.
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 19 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood
(d) Street No.

3. Full name of child Moyer Joy Griffith
4. Date of birth 11/11/1904
5. Sex: male
6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Moyer, Charles
10. Color or race white 11. Age at time of this birth 25 yrs.
12. Birthplace Prospect, Ohio
13. Usual occupation farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Griffith Lloa
16. Color or race white 17. Age at time of this birth 19 yrs.
18. Birthplace Marion County, 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. Gast
Address .....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Lawrence Wheeler Lake

Case No. A-492

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 542 Madison Ave. Elizabeth, N.J. *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
(c) Name of hospital or institution: at home
(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) Millcreek Township
(d) Street No.

3. Full name of child Lake, Lawrence Wheeler
4. Date of birth June 17, 1903
5. Sex: M.
6. Twin or triplet single If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Lake, Jay Lewis
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business same

MOTHER OF CHILD
15. Full maiden name Faulk, Nancy Onetta
16. Color or race white 17. Age at time of this birth 18 yrs.
18. Birthplace Jackson County, Kansas
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? 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. W. C. Vigor
Address New California, 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.*

Lawrence Wheeler 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.*

Lawrence Wheeler Lake
Applicant.

P. O. Address Elizabeth, New Jersey

Sworn to before me and signed in my presence this 25th *day of* March, *19* 43

William L. Coleman
Notary Public, My com. exp. Aug. 17, 1945

(Seal)

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Earl Hudson, 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.*

Earl Hudson

P. O. Address 210 N. Walnut St., Marysville, O.

Sworn to before me and signed in my presence this 25th *day of* March, *19* 43

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Nancy O. Prouty, 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.*

Nancy O. Prouty

P. O. Address R. 2, Marysville, Ohio

Sworn to before me and signed in my presence this 25th *day of* March, *19* 43

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union **County, Ohio**

March 25, *19* 43

In the Matter of the registration of birth

of Lawrence Wheeler Lake

Case No. A-492

ORDER FOR HEARING

This day Lawrence Wheeler Lake *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

March 25, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of Lawrence Wheeler Lake

Case No. A-492

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lawrence Wheeler Lake *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* affidavit of Earl Hudson and Nancy O. Prouty, 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) Millcreek Township
(c) Name of hospital or institution: at home
(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) Millcreek Township
(d) Street No.

3. Full name of child Lake, Lawrence Wheeler

4. Date of birth June 17, 1903

5. Sex: M.

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Lake, Jay Lewis
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business same

MOTHER OF CHILD
15. Full maiden name Faulk, Nancy Onetta
16. Color or race white 17. Age at time of this birth 18 yrs.
18. Birthplace Jackson County, Kansas
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? 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. W. C. Vigor
Address New California, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Gladys Chapman

Case No. A-493

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Illinois *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
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood
(d) Street No. .....

3. Full name of child Chapman Gladys
4. Date of birth August 29, 1906
5. Sex: Female
6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Chapman Horatio
10. Color or race white 11. Age at time of this birth 25 yrs.
12. Birthplace Richwood, Union County, Ohio
13. Usual occupation Painter
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Waniella Annette
16. Color or race white 17. Age at time of this birth 25 yrs.
18. Birthplace Paris, France
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. Roebuck
Address Richwood, Ohio
M. D., midwife, or other .....

Your applicant further represents that the registration of her *birth* has not been recorded

Your applicant hereby makes application for an order of the Court, directing the registration of birth *as provided by law.*

Gladys Chapman 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.*

Gladys Chapman Miller
Applicant.

P. O. Address 712 Roscoe St. Chicago, Ill.

Sworn to before me and signed in my presence this 26th *day of* March, *19* 43.

Carrie W. Hornbeck
Deputy

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address ..... *Attending Physician.*

Sworn to before me and signed in my presence this ..... *day of* ....., *19* .....

The State of Ohio, Union **County, ss:**

I, Robert 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.*

Robert Chapman

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 26th *day of* March, *19* 43.

Carrie W. Hornbeck
Deputy

The State of Ohio, Union **County, ss:**

I, Edward 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.*

Edward Chapman

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 26 *day of* March, *19* 43.

Carrie W. Hornbeck
Deputy

Probate Court, Union County, Ohio

In the Matter of the Registration of the Birth

of Gladys Chapman

March 26, 1943

Case No. A-493

ORDER FOR HEARING

This day Gladys Chapman *appeared in open court and filed an application for the* registration of her 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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

March 26, *19* 43

In the Matter of the
REGISTRATION OF BIRTH
of Gladys Chapman

Case No. A-493

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Gladys Chapman *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 Chapman, her cousin and Edward Chapman, 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) Richwood
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood
(d) Street No. .....

3. Full name of child Chapman Gladys

4. Date of birth August 29, 1906

5. Sex: F.

6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Chapman Horatio
10. Color or race white 11. Age at time of this birth 25 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation painter
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Waniella Annette
16. Color or race white 17. Age at time of this birth 25 yrs.
18. Birthplace Paris, France
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. Roebuck
Address Richwood, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., *19*.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Dora Grace Chapman

Case No. A-494

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Richwood *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
(c) Name of hospital or institution: At home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 31 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood
(d) Street No. .....

3. Full name of child Chapman, Dora Grace
4. Date of birth Jan. 15, 1912
5. Sex: Female
6. Twin or triplet single If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Chapman, Horatio
10. Color or race white 11. Age at time of this birth 31 yrs.
12. Birthplace Richwood, Ohio
13. Usual occupation Painter
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Waniella, Annette
16. Color or race white 17. Age at time of this birth 31 yrs.
18. Birthplace Paris, France
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. Bown
Address Richwood, Ohio
M. D., midwife, or other .....

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.*

Mrs. Everett Wheaton
Applicant.

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. Everett Wheaton
Applicant.

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 26 *day of* March, *19* 43

Carrie W. Hornbeck
Deputy

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19* .....

The State of Ohio, Union **County, ss:**

I, Robert Chapman, her 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.*

Robert Chapman

P. O. Address Marion, Ohio

Sworn to before me and signed in my presence this 26th *day of* March, *19* 43

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Edward Chapman, her 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.*

Edward Chapman

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 26 *day of* March, *19* 43.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

March 26, *19* 43.

In the Matter of the registration of birth

of Dora Grace Chapman

Case No. A-494

ORDER FOR HEARING

This day Dora Grace Chapman *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 thereof be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

March 26, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of Dora Grace Chapman

Case No. A-494

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Dora Grace Chapman
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 Chapman, her cousin, and Edward Chapman, 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) Richwood
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 31 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood
(d) Street No.

3. Full name of child Chapman, Dora Grace
4. Date of birth Jan. 15, 1912
5. Sex: Female
6. Twin or triplet single If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Chapman, Horatio
10. Color or race white 11. Age at time of this birth 31 yrs.
12. Birthplace Richwood, Ohio
13. Usual occupation Painter
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Waniella, Annette
16. Color or race white 17. Age at time of this birth 31 yrs.
18. Birthplace Paris, France
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. Bown
Address Richwood, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Joyce Arline Tropp

Case No. A-495

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Logan *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 Twp.
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 23 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Claibourne Twp.
(d) Street No.

3. Full name of child Tropp, Joyce Arline
4. Date of birth Dec. 18, 1910
5. Sex: F.
6. Twin or triplet single If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Tropp, Marshall
10. Color or race white 11. Age at time of this birth 46 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Gandy, Lura
16. Color or race white 17. Age at time of this birth 23 yrs.
18. Birthplace Union County, 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. Robuck
Address Richwood, Ohio
M. D., midwife, or other

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.*

Joyce Arline Tropp
Applicant.

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.*

Joyce Arline Tropp
Applicant.

P. O. Address RFD # 2, Bellefontaine, Ohio

Sworn to before me and signed in my presence this 29 *day of* March, *19* 43.

Clifton L. Caryl
(Seal) Clifton L. Caryl, Notary Public, Union County, Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Lura Tropp Loy, 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.*

Lura Tropp Loy

P. O. Address 26 Ward St. Bellefontaine, Ohio

Sworn to before me and signed in my presence this 29 *day of* March, *19* 43.

Clifton L. Caryl
(Seal) Notary Public

The State of Ohio, Union **County, ss:**

I, Cora Hollister, 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 Hollister

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 29 *day of* March, *19* 43.

Clifton L. Caryl
(Seal) Notary Public

Probate Court, Union County, Ohio

March 29, *19* 43.

In the Matter of the registration of birth

of Joyce Arline Tropp

Case No. A-495

ORDER FOR HEARING

This day Joyce Arline Tropp *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

March 29, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of Joyce Arline Tropp

Case No. A-495

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Joyce Arline Tropp *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 Lura Tropp Loy, her mother, and Cora Hollister, her aunt, 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.
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 23 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Claibourne Twp.
(d) Street No.

3. Full name of child Tropp, Joyce Arline
4. Date of birth Dec.18,1910
5. Sex: F.
6. Twin or triplet single If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Tropp, Marshall
10. Color or race white 11. Age at time of this birth 46 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Gandy, Lura
16. Color or race white 17. Age at time of this birth 23 yrs.
18. Birthplace Union County, 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. Robuck
Address Richwood, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Helen Marie Rockenbaugh

Case No. A-498

APPLICATION

Your applicant respectfully represents that she *was born in* Franklin *County, Ohio; that* she *now resides in* Marysville, Ohio XXXXXXXX *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) Perry
(c) Name of hospital or institution: at home
(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) Perry
(d) Street No.

3. Full name of child Rockenbaugh , Helen Marie

4. Date of birth Dec. 12, 1913

5. Sex: Female

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Rockenbaugh, John Cleveland
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Jackson County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Price, Etta
16. Color or race white 17. Age at time of this birth 26 yrs.
18. Birthplace Dublin, 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? 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. Barger (now deceased)
Address Dublin, Ohio
M. D., midwife, or other

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.*

Helen Marie Hegenderfer
Applicant.

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.*

Helen Marie Hegenderfer
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 7th *day of* April, *19* 43.

Betty Geer
Deputy

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, Union **County, ss:**

I, Etta Price Rockenbaugh , her 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 Rockenbaugh

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 7th *day of* April, *19* 43.

Betty Geer
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Hattie Hall, her 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.*

Hattie Hall

P. O. Address Worthington, Ohio

Sworn to before me and signed in my presence this 7th *day of* April, *19* 43.

Betty Geer
Deputy

(Seal)

Probate Court, Union County, Ohio

April 7, *19* 43.

In the Matter of the registration of birth
of Helen Marie Rockenbaugh

Case No. A-498

ORDER FOR HEARING

This day Helen Marie Rockenbaugh *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 thereof be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

Sworn to before me and signed in my presence, this.....day of....., 19.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

April 7, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of Helen Marie Rockenbaugh

Case No. A-498

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Helen Marie Rockenbaugh *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 Price Rockenbaugh, her mother, and Hattie Hall, her aunt, 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) Perry
(c) Name of hospital or institution: at home
(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 Franklin
(c) Perry
(d) Street No. .....

3. Full name of child Rockenbaugh, Helen Marie
4. Date of birth Dec. 12, 1913
5. Sex: Female
6. Twin or triplet single If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Rockenbaugh, John Cleveland
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Jackson County, Ohio
13. Usual occupation farmer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Price, Etta
16. Color or race white 17. Age at time of this birth 26 yrs.
18. Birthplace Dublin, 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? 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. Barger (now deceased)
Address Dublin, Ohio
M. D., midwife, or other .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Eli Joseph Morris

Case No. A-499

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) Zimmersville
(c) Name of hospital or institution:
(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 Franklin
(c) Zimmersville
(d) Street No.

3. Full name of child Morris, Eli Joseph

4. Date of birth July 24, 1877

5. Sex: M.

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Morris, Joseph Henry
10. Color or race white 11. Age at time of this birth 34 yrs.
12. Birthplace Pennsylvania
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Griffin, Mary Kathryn
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Hardin County, 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 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 the registration of his birth, *as provided by law.*

Eli Joseph Morris
Applicant.

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.*

Eli Joseph Morris
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 10 *day of* April, *19* 43

Clifton L. Caryl
(Seal) Notary Public, Union County, Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address ..... *Attending Physician.*

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

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*.....

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*.....

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of Eli Joseph Morris

April 10, *19* 43

Case No. A-499

ORDER FOR HEARING

This day Eli Joseph Morris *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

April 10, *19* 43

In the Matter of the
REGISTRATION OF BIRTH
of Eli Joseph Morris

Case No. A-499

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Eli Joseph Morris *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* clear and convincing 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 Franklin
(b) Zimmersville
(c) Name of hospital or institution:
(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 Franklin
(c) Zimmersville
(d) Street No.

3. Full name of child Morris, Eli Joseph

4. Date of birth July 24, 1877

5. Sex: M.

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Morris, Joseph Henry
10. Color or race white 11. Age at time of this birth 34 yrs.
12. Birthplace Pennsylvania
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Griffin, Mary Kathryn
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Hardin County, 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 unknown
Address
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., *19*.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Virden Clay Kimball

Case No. A-500

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Miami, Florida xxxxxxx *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
(c) Name of hospital or institution: no
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 6 y.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Milford Center
(d) Street No.

3. Full name of child Kimball, Virden Clay

4. Date of birth October 14, 1893

5. Sex: male

6. Twin or triplet no If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Kimball, Lewis Harvey
10. Color or race white 11. Age at time of this birth 26 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation baker
14. Industry or business baking

MOTHER OF CHILD

15. Full maiden name Adams, Mary Lillie
16. Color or race white 17. Age at time of this birth 25 yrs.
18. Birthplace Champaign County, 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? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Willis
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.*

Virden Clay Kimball
Applicant.

The State of Ohio, Florida, Dade **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Virden Clay Kimball
Applicant.

P. O. Address 2755 SW Second Street, Miami, Fla.

Sworn to before me and signed in my presence this 1 *day of* April, *19* 43

(Seal)

Virginia Breckel Beck
Notary Public, State of Florida at Large

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19* .....

(Seal)

The State of Ohio, Union **County, ss:**

I, Martha Kimball, 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.*

Martha Kimball

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 23 *day of* April, *19* 43

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Provie S. Adams, 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.*

Provie S. Adams

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 23 *day of* April, *19* 43

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union **County, Ohio**

April 12, *19* 43

Case No. A-500

ORDER FOR HEARING

In the Matter of the registration of birth

of Virden Clay Kimball

This day Virden Clay Kimball *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 Morton Adams, 516 Ingraham Bldg. Miami, Fla., *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal)

John W. Dailey
Probate Judge.

For Deposition, see page 625 of this record

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

April 12, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of Virden Clay Kimball

Case No. A-500

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Virden Clay Kimball
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* the testimony of Martha Kimball and Provie S. Adams, 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) Milford Center
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 6 yr.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Milford Center
(d) Street No. .....

3. Full name of child Kimball, Virden Clay
4. Date of birth Oct. 14, 1893
5. Sex: male
6. Twin or triplet no; If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Kimball, Lewis Harvey
10. Color or race white 11. Age at time of this birth 26 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation baker
14. Industry or business baking

MOTHER OF CHILD
15. Full maiden name Adams, Mary Lillie
16. Color or race white 17. Age at time of this birth 25 yrs.
18. Birthplace Champaign County, 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? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Willis
Address Milford Center, Ohio
M. D., midwife, or other .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Mary Esther Wasserbeck

Case No. A-503

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Prospect, Ohio, Route #1, xxxxxxx *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
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 10 y

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson
(d) Street No.

3. Full name of child Wasserbeck, Mary Esther

4. Date of birth January 16, 1930

5. Sex: female

6. Twin or triplet no If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Wasserbeck, Frank
10. Color or race white 11. Age at time of this birth 42 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Smeltzer, Margaret Rhea
16. Color or race white 17. Age at time of this birth 42 yrs.
18. Birthplace Marion County, 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? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. R. H. Finnefrock
Address Prospect, 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 her birth, *as provided by law.*

Mary Esther 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 she *verily believes.*

Mary Esther Wasserbeck
Applicant.

P. O. Address Prospect, Ohio, Route 1

Sworn to before me and signed in my presence this 22nd *day of* April, *19* 43.

Alnet Mayer
Alnet Mayer, Notary Public

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19* .....

.....

.....

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 Prospect, Ohio, Route # 1

Sworn to before me and signed in my presence this 22nd *day of* April, *19* 43.

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Lucy L. Foos, 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 L. Foos

P. O. Address Richwood, Ohio, Route # 3

Sworn to before me and signed in my presence this 22nd *day of* April, *19* 43.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

In the Matter of the
Registration of the birth record
of Mary Esther Wasserbeck

April 22nd, *19* 43.

Case No. A 503

ORDER FOR HEARING

This day Mary Esther Wasserbeck *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 notice of such hearing be dispensed with.

It is further ordered by The Court, that ..... *be, and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court,.....Union.....County, Ohio

In the Matter of the
REGISTRATION OF BIRTH
of Mary Esther Wasserbeck

..... April 22nd ....., 19 43

Case No. A-503

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Mary Esther Wasserbeck
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 Rhea Wasserbeck, mother, and Lucy L. Foos, aunt, two 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) Jackson
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution..... In this community 10 y.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson
(d) Street No. .....

3. Full name of child Wasserbeck, Mary Esther
4. Date of birth January 16, 1930
5. Sex: female
6. Twin or triplet no; If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Wasserbeck, Frank
10. Color or race white 11. Age at time of this birth 42 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Smeltzer, Margaret Rhea
16. Color or race white 17. Age at time of this birth 42 yrs.
18. Birthplace Marion County, 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? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. R. H. Finnefrock
Address Prospect, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Perry Virgil Erwin

Case No. A-506

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 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
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 20 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg
(d) Street No. .....

3. Full name of child Erwin, Perry Virgil

4. Date of birth Dec. 3, 1898

5. Sex: M.

6. Twin or triplet single If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Erwin, George Washington
10. Color or race white 11. Age at time of this birth 45 yrs.
12. Birthplace Harrison County, Ohio
13. Usual occupation Carpenter
14. Industry or business Carpenter

MOTHER OF CHILD

15. Full maiden name Montgomery, Nora Della
16. Color or race white 17. Age at time of this birth 38 yrs.
18. Birthplace Licking County, Ohio
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? 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. S. S. Drake
Address Magnetic Springs, 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.*

Perry Virgil 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.*

Perry Virgil Erwin
Applicant.

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 30th *day of* April, *19* 43.

F. LeRoy Allen
(Seal) Notary Public, State of Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Lloyd 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.*

Lloyd Winter

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 30th *day of* April, *19* 43.

Carrie W. Hornbeck
(Seal) Deputy

The State of Ohio, Union **County, ss:**

I, Robert Ports, Sr., 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.*

Robert Ports, Sr.

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 30th *day of* April, *19* 43.

Carrie W. Hornbeck
(Seal) Deputy

Probate Court, Union County, Ohio

April 30, *19* 43.

In the Matter of the registration of birth

of Perry Virgil Erwin

Case No. A-506 ✓

ORDER FOR HEARING

This day Perry Virgil 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 thereof be dispensed with.

It is further ordered by The Court, that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
(Seal) *Probate Judge.*

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

April 30, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of Perry Virgil Erwin

Case No. A-506

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Perry Virgil 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 Robert Ports, Sr., and Lloyd Winter, 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
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 20 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg
(d) Street No. .....

3. Full name of child Erwin, Perry Virgil

4. Date of birth Dec. 3, 1898

5. Sex: M.

6. Twin or triplet single If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Erwin, George Washington
10. Color or race white 11. Age at time of this birth 45 yrs.
12. Birthplace Harrison Co., Ohio
13. Usual occupation Carpenter
14. Industry or business Carpenter

MOTHER OF CHILD

15. Full maiden name Montgomery, Nora Della
16. Color or race white 17. Age at time of this birth 38 yrs.
18. Birthplace Licking County, Ohio
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? 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. S. S. Drake (deceased)
Address Magnetic Springs, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of John Garfield DeWees

Case No. A-510

APPLICATION

Your applicant respectfully represents that he *was born in* Meigs *County, Ohio; that* he *now resides in* Richwood ~~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) Letart
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 2 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Meigs
(c) Letart
(d) Street No.

3. Full name of child DeWees, John Garfield

4. Date of birth Mar. 27, 1880

5. Sex: M.

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name DeWees Elijah S.
10. Color or race white 11. Age at time of this birth 35 yrs.
12. Birthplace West Virginia
13. Usual occupation farmer
14. Industry or business farmer

MOTHER OF CHILD

15. Full maiden name Dunn, Samantha S.
16. Color or race white 17. Age at time of this birth 31 yrs.
18. Birthplace Sardis, Ohio
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? 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 (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 the registration of his birth, *as provided by law.*

John Garfield DeWees
Applicant.

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 Garfield DeWees
Applicant.

P. O. Address Richwood

Sworn to before me and signed in my presence this 4th *day of* May, *19* 43.

Robert F. Allen
(Seal) Notary Public, State of Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

.....

The State of Ohio, Union **County, ss:**

I, Dona Beck, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Dona Beck

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 4th *day of* May, *19* 43.

Carrie W. Hornbeck
(Seal) Deputy

The State of Ohio, Union **County, ss:**

I, E. O. Beck, *do hereby certify that 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. O. Beck

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 4th *day of* May, *19* 43.

Carrie W. Hornbeck
(Seal) Deputy

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of John Garfield DeWees

May 4, *19* 43

Case No. A-510 ✓

ORDER FOR HEARING

This day John Garfield DeWees *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**
May 4th, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of John Garfield DeWees

Case No. A-510

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of John Garfield DeWees *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 Dona. Beck, and E. O. Beck, 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) Letart
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 2 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Meigs
(c) Letart
(d) Street No. .....

3. Full name of child DeWees, John Garfield

4. Date of birth Mar. 27, 1880

5. Sex: Male

6. Twin or triplet single If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name DeWees, Elijah S.
10. Color or race white 11. Age at time of this birth 35 yrs.
12. Birthplace West Virginia
13. Usual occupation farmer
14. Industry or business farmer

MOTHER OF CHILD
15. Full maiden name Dunn, Samantha
16. Color or race white 17. Age at time of this birth 31 yrs.
18. Birthplace Sardis, Ohio
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? 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 (unknown)
Address .....
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Wilbur Teets

Case No. A-513

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 Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 10 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg
(d) Street No.

3. Full name of child Teets, Wilbur

4. Date of birth May 8, 1878

5. Sex: M.

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Teets, David
10. Color or race white 11. Age at time of this birth 45 yrs.
12. Birthplace Logan County, Ohio
13. Usual occupation cooper
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Henry, Sarah
16. Color or race white 17. Age at time of this birth 45 yrs.
18. Birthplace Champaign County, 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? 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

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.*

Wilbur Teets
Applicant.

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.*

Wilbur Teets
Applicant.

P. O. Address RFD # 1, Marysville, Ohio

Sworn to before me and signed in my presence this 19 *day of* May, *19* 43.

Mildred L. Fladt
Notary Public, Union County, Ohio

(Seal)

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address ..... *Attending Physician.*

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, Union **County, ss:**

I, W. W. Moehn, 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.*

W. W. Moehn

P. O. Address .....

Sworn to before me and signed in my presence this 19 *day of* May *19* 43

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Richard Patton, 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.*

Richard Patton

P. O. Address .....

Sworn to before me and signed in my presence this 19 *day of* May *19* 43.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union **County, Ohio**

May 19, *19* 43.

In the Matter of the registration of birth

of Wilbur Teets

Case No. A-513

ORDER FOR HEARING

This day Wilbur Teets *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

May 19, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of Wilbur Teets

Case No. A-513

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Wilbur Teets *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. W. Moehn and Richard Patton, 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) Leesburg Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution In this community 10 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg
(d) Street No.

3. Full name of child Teets, Wilbur

4. Date of birth May 8, 1878

5. Sex: M.

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Teets, David
10. Color or race white 11. Age at time of this birth 45 yrs.
12. Birthplace Logan County, Ohio
13. Usual occupation cooper
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Henry, Sarah
16. Color or race white 17. Age at time of this birth 45 yrs.
18. Birthplace Champaign County, 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? 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

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of Birth

of Charles Augustus Millington

Case No. A-515

APPLICATION

Your applicant respectfully represents that h3 *was born in* Union *County, Ohio; that* he *now resides in* North Lewisburg, XXX *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
(c) Name of hospital or institution:
(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) Dover Township
(d) Street No.

3. Full name of child Millington, Charles Augustus

4. Date of birth Sept.12, 1880

5. Sex: M.

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Millington, Ernest Austin
10. Color or race white 11. Age at time of this birth 35 yrs.
12. Birthplace Allen Twp. Union County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Hutchinson, Elizabeth
16. Color or race white 17. Age at time of this birth 25 yrs.
18. Birthplace Dover Twp. Union County, 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. Vigor
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.*

Charles Augustus 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.*

Charles Augustus Millington
Applicant.

P. O. Address North Lewisburg, Ohio

Sworn to before me and signed in my presence this 4 *day of* June, *19* 43.

Clifton L. Caryl
Clifton L. Caryl, Notary Public,
Union County, Ohio

(Seal)

AFFIDAVIT

Probate Court, County, Ohio

In the Matter of the

of

The State of Ohio, County, ss:

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address Attending Physician.

Sworn to before me and signed in my presence this day of , *19* .

The State of Ohio, Union **County, ss:**

I, Charles Shuler, *do hereby certify that 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 Marysville, Ohio

Sworn to before me and signed in my presence this 4 *day of* June, *19* 43.

Clifton L. Caryl
Clifton L. Caryl, Notary Public,
Union County, Ohio.

Carrie W. Hornbeck, Deputy (Seal) (Seal)

The State of Ohio, Union **County, ss:**

I, Claude 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.*

Claude L. Williams

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 4 *day of* June, *19* 43.

Clifton L. Caryl
Clifton L. Caryl, Notary Public,
Union County, Ohio

Carrie W. Hornbeck, Deputy (Seal) (Seal)

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Charles Augustus Millington

June 4, 19 43.

Case No. A-515

ORDER FOR HEARING

This day Charles Augustus 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 /////////////

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

June 4, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of Charles Augustus Millington

Case No. A-515

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Charles Augustus 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 Charlee Shuler and Claude 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) Dover Township
(c) Name of hospital or institution:
(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) Dover Township
(d) Street No.

3. Full name of child Millington, Charles Augustus
4. Date of birth Sept. 12, 1880
5. Sex: M.
6. Twin or triplet single If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Millington, Ernest Austin
10. Color or race white 11. Age at time of this birth 35 yrs.
12. Birthplace Allen Twp. Union County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Hutchinson, Elizabeth
16. Color or race white 17. Age at time of this birth 25 yrs.
18. Birthplace Dover Twp., Union County, 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. Vigor
Address Marysville, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Francis Morris Cody

Case No. A-516

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* in *now resides in* 149 North Emerson Drive, Osborn, *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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 22 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Paris Township
(d) Street No.

3. Full name of child Cody, Francis Morris
4. Date of birth July 22, 1902
5. Sex: M.
6. Twin or triplet single If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Cody, Richard Joseph
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Dover Twp. Union Co. Ohio
13. Usual occupation railroader
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Kreakbaum, Catherine
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Paris Twp. 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? 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. A. B. Swisher
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.*

Francis Morris 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 he *verily believes.*

Francis Morris Cody
Applicant.

P. O. Address 149 Emerson Drive, Osborn, Ohio

Sworn to before me and signed in my presence this 4 *day of* June, *19* 43

Clifton L. Caryl
Clifton L. Caryl, Notary Public,
Union County, Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ... *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address ..... *Attending Physician.*

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, Union **County, ss:**

I, Richard Joseph Cody, 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.*

Richard Joseph Cody

P. O. Address 221 N. Cherry St. Marysville, Ohio

Sworn to before me and signed in my presence this 4 *day of* June, *19* 43

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Catherine Cody, 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.*

Catherine Cody

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 4 *day of* June, *19* 43

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

June 4, *19* 43

In the Matter of the Registration of Birth

of Francis Morris Cody

Case No. A-516

ORDER FOR HEARING

This day Francis Morris 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 of said hearing be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

June 4, 1943

In the Matter of the
REGISTRATION OF BIRTH
of Francis Morris Cody

Case No. A-516

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Francis Morris Cody *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 Richard Joseph Cody, his father and Mrs. Catherine Cody, 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) Paris
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution In this community 22 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Paris Township
(d) Street No.

3. Full name of child Cody , Francis Morris

4. Date of birth July 22,1902

5. Sex: M.

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Cody, Richard Joseph
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Dover Twp. Union County, Ohio
13. Usual occupation railroader
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Kreakbaum, Catherine
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Paris Twp. 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?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name A. B. Swisher
Address Marysville, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court,.....County, Ohio

In the Matter of the

In the Matter of the

of .....

Case No.....

APPLICATION

Your applicant respectfully represents that.....was born in.....County, Ohio; that.....now resides in.....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 .....

(b) .....

(c) Name of hospital or institution:

.....

(d) Mother's stay before delivery:

In hospital or institution.....In this community.....

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) .....

(d) Street No. .....

3. Full name of child.....

4. Date of birth.....

5. Sex: .....

6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy.....

8. Mother married?.....

FATHER OF CHILD

9. Full name .....

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace .....

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name.....

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace .....

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

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.....

.....

.....

AFFIDAVIT

Probate Court,.....County, Ohio

In the Matter of the

.....

of .....

The State of Ohio,.....County, ss:

I, ...do hereby certify that I was the physician in attendance at the birth of....., the applicant herein, and that the facts stated in the application are true, as I verily believe.

.....

P. O. Address..... *Attending Physician.*

Sworn to before me and signed in my presence this.....day of....., 19.....

.....

.....

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.....

.....

.....

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.....

.....

.....

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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.

.....

Probate Judge.

(from below) ** and that it is a true and correct copy thereof.
In Testimony Whereof, I hereunto subscribe my name officially and affix the seal
328 of said Court this June 15,1943. Chas. E. Chittenden Judge and ex-officio Clerk
L. Davidsone Deputy Clerk (Seal)

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

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:	**2. USUAL RESIDENCE OF MOTHER:**
(a) County	*(a)* State .....
(b)	*(b)* County .....
(c) Name of hospital or institution:	*(c)* .....
(d) Mother's stay before delivery: In hospital or institution.....In this community.....	*(d)* Street No. .....

3. Full name of child.....				4. Date of birth.....
5. Sex:	6. Twin or triplet.....	If so—born 1st, 2nd, or 3d.....	7. Number months of pregnancy.....	8. Mother married?.....

FATHER OF CHILD	MOTHER OF CHILD
9. Full name	15. Full maiden name.....
10. Color or race..... 11. Age at time of this birth.....yrs.	16. Color or race..... 17. Age at time of this birth.....yrs.
12. Birthplace	18. Birthplace .....
13. Usual occupation	19. Usual occupation .....
14. Industry or business.....	20. Industry or business.....
21. Children born to this mother:	22. Attending Physician or Midwife:
(a) How many other children of this mother are now living?.....	Name .....
(b) How many other children were born alive but are now dead?.....	Address .....
(c) How many children were born dead?.....	.....
	M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

No. A-518

Probate Court,.....Lucas.....County, Ohio
.....June 14.....19 43

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....Margaret Maude Burnep.....

Case No. .....25174.....

FINDING AND ORDER
CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....Margaret Maude Doucet.....
for an order of The Court correcting.....her.....birth record, as it is registered in the office of.....the Probate Court, Union County, 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 .....; and that the facts stated in said application are true.

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

Correct name appearing as Maggie Burnep to Margaret Maude Burnep
Date of Birth - November 16, 1880.

It is further ordered that this proceeding be recorded and that 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.

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, **

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Mary Christine Kilgore

Case No. A-521

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Millcreek Township, 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) Millcreek Township
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 30 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Millcreek Township
(d) Street No.

3. Full name of child Kilgore, Mary Christine
4. Date of birth Mar. 26, 1912
5. Sex: fem.
6. Twin or triplet single If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Kilgore, Thomas Hayes
10. Color or race white 11. Age at time of this birth 35 yrs.
12. Birthplace Jerome Township, Union Co. Ohio
13. Usual occupation farmer
14. Industry or business same

MOTHER OF CHILD
15. Full maiden name Hanawalt, Myrtle
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Millcreek Township, Union Co. Ohio
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? 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. A. B. Swisher
Address
M. D., midwife, or other

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 record *as provided by law.*

Mary Christine (Kilgore) Herriott
Applicant.

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 Christine (Kilgore) Herriott
Applicant.

P. O. Address R. 2, Marysville, Ohio

Sworn to before me and signed in my presence this 1st *day of* July, *19* 43.

William L. Coleman
Notary Public, State of Ohio

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

The State of Ohio, Union **County, ss:**

I, Myrtle Kilgore, 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 R. Kilgore

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 1st *day of* July, *19* 43.

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Julia A. Tossey, 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.*

Julia A. Tossey

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 1st *day of* July, *19* 43.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

July 1, 19 43.

In the Matter of the registration of birth

of Mary Christine Kilgore

Case No. A-521 ✓

ORDER FOR HEARING

This day Mary Christine Kilgore *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

July 1, 19 43.

In the Matter of the
REGISTRATION OF BIRTH
of Mary Christine Kilgore

Case No. A-521

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Mary Christine Kilgore *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 Myrtle Kilgore and Julia Tossey, 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) Millcreek Township, Union County, Ohio
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 30 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Millcreek Township
(d) Street No.

3. Full name of child Kilgore, Mary Christine
4. Date of birth Mar. 26, 1912
5. Sex: fem.
6. Twin or triplet single If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Kilgore, Thomas Hayes
10. Color or race white 11. Age at time of this birth 35 yrs.
12. Birthplace Jerome Township, Union Co. Ohio
13. Usual occupation farmer
14. Industry or business same

MOTHER OF CHILD
15. Full maiden name Hanawalt, Myrtle
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Millcreek Township, Union Co. Ohio
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? 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. A. B. Swisher
Address
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-11—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of James Henry Fletcher

Case No. A-523

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Chicago, Illinois ~~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 Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 19 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Claibourne Township
(d) Street No.

3. Full name of child Fletcher, James Henry

4. Date of birth Oct. 27, 1901

5. Sex: M.

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Fletcher, Oliver
10. Color or race white 11. Age at time of this birth 23 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name McPherson, Clara Anna
16. Color or race white 17. Age at time of this birth 19 yrs.
18. Birthplace Union County, 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. Thomas Wurtsbaugh
Address Richwood, 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 Henry Fletcher
Applicant.

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 Henry Fletcher
Applicant.

P. O. Address 5012 Cottage Grove Avenue Chicago, Illinois

Sworn to before me and signed in my presence this 3 *day of* July, *19* 43.

Clifton L. Caryl
Notary Public, Union County, Ohio

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ..., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ..., *19*.....

.....

(Seal)

The State of Ohio, Union **County, ss:**

I, Mrs. T. A. Johnston, 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. T. A. Johnston

P. O. Address 129 S. Union St. Galion, Ohio

Sworn to before me and signed in my presence this 3 *day of* July, *19* 43

Clifton L. Caryl
Notary Public, Union County, Ohio

(Seal)

The State of Ohio, Union **County, ss:**

I, T. A. Johnston, 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.*

T. A. Johnston

P. O. Address 129 S. Union St. Galion, Ohio

Sworn to before me and signed in my presence this 3 *day of* July, *19* 43.

Clifton L. Caryl
Notary Public, Union County, Ohio

(Seal)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth

of James Henry Fletcher

July 3, *19* 43.

Case No. A-523

ORDER FOR HEARING

This day James Henry Fletcher *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

July 3, 19 43

In the Matter of the

REGISTRATION OF BIRTH

of James Henry Fletcher

Case No. A-523

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of James Henry Fletcher
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. T. A. Johnston, his aunt, and Mr. T.A.Johnston,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) Claibourne Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 19 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Claibourne Township
(d) Street No.

3. Full name of child Fletcher, James Henry

4. Date of birth Oct. 27, 1901

5. Sex: M.

6. Twin or triplet single; If so—born 1st, 2nd, or 3d none

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Fletcher, Oliver
10. Color or race white 11. Age at time of this birth 23 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD

15. Full maiden name McPherson, Clara Anna
16. Color or race white 17. Age at time of this birth 19 yrs.
18. Birthplace Union County, 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. Thomas Wurtsbaugh
Address Richwood, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of the Birth

of Laura Anna Zwerner

Case No. A-524

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Miami, Florida ~~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
(c) Name of hospital or institution: no
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 25 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No.

3. Full name of child Zwerner, Laura Anna

4. Date of birth May 1, 1892

5. Sex: female

6. Twin or triplet no If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Zwerner, John Michael
10. Color or race white 11. Age at time of this birth 38 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation carpenter
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Mast, Amanda Catherine
16. Color or race white 17. Age at time of this birth 38 yrs.
18. Birthplace Union County, 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? 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. Trell Henderson
Address Marysville, Ohio
M. D., midwife, or other

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.*

Laura Anna 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 she *verily believes.*

Laura Anna Kimball
Applicant.

P. O. Address 2755 S W 2nd St. Miami, Fla.

Sworn to before me and signed in my presence this 6th *day of* July, *19* 43.

Alnet Mayer
(Seal) Alnet Mayer, Notary Public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, George Schlegel, 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.*

George Schlegel

P. O. Address Marysville

Sworn to before me and signed in my presence this 6th *day of* July, *19* 43.

Carrie W. Hornbeck
(Seal) Deputy

The State of Ohio, Union **County, ss:**

I, Walter M. Otte, 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.*

Walter M. Otte

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 6th *day of* July, *19* 43

Carrie W. Hornbeck
(Seal) Deputy

Probate Court, Union County, Ohio

July 6, *19* 43.

In the Matter of the Registration of the Birth

of Laura Anna Zwerner

Case No. A-524

ORDER FOR HEARING

This day Laura Anna Zwerner *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 notice of said hearing be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal) John W. Daily
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

Sworn to before me and signed in my presence, this.....day of....., 19.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

July 6, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of Laura Anna Zwerner

Case No. A-524

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Laura Anna Zwerner *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 Schlegel and Walter M. Otte, 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
(c) Name of hospital or institution: no
(d) Mother's stay before delivery:
In hospital or institution..... In this community: 25 yr.

2. USUAL RESIDENCE OF MOTHER:
(a) State: Ohio
(b) County: Union
(c): Marysville
(d) Street No.:

3. Full name of child: Zwerner, Laura Anna

4. Date of birth: May 1, 1892

5. Sex: female

6. Twin or triplet: no — If so—born 1st, 2nd, or 3d:

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD
9. Full name: Zwerner, John Michael
10. Color or race: white 11. Age at time of this birth: 38 yrs.
12. Birthplace: Union County, Ohio
13. Usual occupation: carpenter
14. Industry or business:

MOTHER OF CHILD
15. Full maiden name: Mast, Amanda Catherine
16. Color or race: white 17. Age at time of this birth: 38 yrs.
18. Birthplace: Union County, 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? 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: Dr. Trell Henderson
Address: Marysville, Ohio
M. D., midwife, or other:

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of the Birth

of Harold Eugene Hyland

Case No. A-525

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville *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
(c) Name of hospital or institution: At home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 16 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No. .....

3. Full name of child Hyland, Harold Eugene
4. Date of birth Feb. 23, 1907
5. Sex: Male
6. Twin or triplet single If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Hyland, Clarence
10. Color or race white 11. Age at time of this birth 24 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Laborer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Coder, Edna Mae
16. Color or race white 17. Age at time of this birth 16 yrs.
18. Birthplace Union County, 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. Hoopes, now deceased
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.*

Harold Eugene 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.*

Harold Eugene Hyland
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 7th *day of* July, *19* 43.

Carrie W. Hornbeck
Deputy

(Seal)

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Edna Mae Parker, his 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.*

Edna Mae Parker

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 7th *day of* July, *19* 43.

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Elmer Coder, 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.*

Elmer Coder

P. O. Address Marysville

Sworn to before me and signed in my presence this 7th *day of* July, *19* 43.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union **County, Ohio**

July 7, *19* 43

In the Matter of the registration of birth

of Harold Eugene Hyland

Case No. A-525

ORDER FOR HEARING

This day Harold Eugene Hyland *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**
July 7th, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of Harold Eugene Hyland

Case No. A-525

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Harold Eugene Hyland
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 Edna Mae Parker, his mother, and Elmer Coder, 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) Marysville
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 16 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No.

3. Full name of child Hyland, Harold Eugene

4. Date of birth Feb. 23, 1907

5. Sex: Male

6. Twin or triplet single; If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hyland, Clarence
10. Color or race white 11. Age at time of this birth 24 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Laborer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Coder, Edna Mae
16. Color or race white 17. Age at time of this birth 16 yrs.
18. Birthplace Union County, 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. Hoopes, now deceased
Address Marysville, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of Birth

of Maxcell Wendell Boyd

Case No. A-526

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, Ohio
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 23 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No.

3. Full name of child Boyd, Maxcell Wendell

4. Date of birth 11-26-1893

5. Sex: M.

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Boyd, Lynois Collin
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Bloomington, Illinois
13. Usual occupation salesman
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Mills, Lenora
16. Color or race white 17. Age at time of this birth 25 yrs.
18. Birthplace Union County, 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. Mills
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.*

Maxcell Wendell 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.*

Maxcell Wendell Boyd
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 8 *day of* July, *19* 43.

Mildred L. Fladt
Mildred L. Fladt, Notary Public, Union County, Ohio

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Lenora Boyd, 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.*

Lenora Boyd

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 8 *day of* July, *19* 43.

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Elzie Mills, 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.*

Elzie Mills

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 8 *day of* July, *19* 43.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

In the Matter of the the Registration of Birth

of Maxcell Wendell Boyd

July 8, *19* 43

Case No. A-526

ORDER FOR HEARING

This day Maxcell Wendell Boyd *appeared in open court and filed an application for the* registration of his birth.

It is ordered that hearing on said application be had fortnwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

July 8, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of Maxcell Wendell Boyd

Case No. A-526

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Maxcell Wendell Boyd *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 Lenora Boyd, his mother, and Elzie Mills, 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) Marysville, Ohio
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 23 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No.

3. Full name of child Boyd, Maxcell Wendell

4. Date of birth 11-26-1893

5. Sex: M.

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Boyd, Lynois Collin
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Bloomington, Illinois
13. Usual occupation salesman
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Mills, Lenora
16. Color or race white 17. Age at time of this birth 23 yrs.
18. Birthplace Union County, 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. Mills
Address Marysville, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Jennie Delilah Phelps

Case No. A-527

APPLICATION

Your applicant respectfully represents that she *was born in* Claibourne Two. Union *County, Ohio; that* she *now resides in* Richwood XXXX *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 Claibourne
(c) Name of hospital or institution: 262 S. Franklin St. Richwood, Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community life

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood Claibourne
(d) Street No. 262 S. Franklin St.

3. Full name of child Phelps, Jennie Delilah

4. Date of birth Jan. 4, 1912

5. Sex: Female

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Phelps, Lory W.
10. Color or race white 11. Age at time of this birth 32 yrs.
12. Birthplace Taylor Twp. Union Co. O.
13. Usual occupation farm laborer
14. Industry or business same

MOTHER OF CHILD
15. Full maiden name Bacon, Armitta Adele
16. Color or race white 17. Age at time of this birth 27 yrs.
18. Birthplace Taylor Twp. Union Co. Ohio
19. Usual occupation housewife
20. Industry or business same

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 Roger Jenkins, M.D.
Address Broadway, Ohio
M. D., midwife, or other

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.*

Jennie Delilah Phelps (Newman)
Applicant.

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.*

Jennie Delilah Phelps (Newman)
Applicant.

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 13 *day of* July, *19* 43.

William L. Coleman
Notary Public, State of Ohio

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

.....

The State of Ohio, Union **County, ss:**

I, Lory W. Phelps, fatner, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lory W. Phelps

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 13 *day of* July, *19* 43

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Callie Bell, 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.*

Callie Bell

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 13 *day of* July, *19* 43.

Carrie W. Hornbeck
Deputy Clerk

(Seal)

Probate Court, Union County, Ohio

July 13, 19 43.

In the Matter of the registration of birth

of Jennie Delilah Phelps

Case No. A-527

ORDER FOR HEARING

This day Jennie Delilah Phelps *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 or said hearing be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

Sworn to before me and signed in my presence, this.....day of....., 19.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

July 13, 19 43.

In the Matter of the

REGISTRATION OF BIRTH

of Jennie Delilah Phelps

Case No. A-527

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Jennie Delilah Phelps (Newman) *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 Lory W. Phelps-father, and Callie Bell-friend, 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, Claibourne Twp.
(c) Name of hospital or institution:
262 S. Franklin St. Richwood, Ohio
(d) Mother's stay before delivery:
In hospital or institution.....In this community life

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood, Claibourne
(d) Street No. 262 S. Franklin Street

3. Full name of child Phelps, Jennie Delilah
4. Date of birth Jan. 4, 1912
5. Sex: Female
6. Twin or triplet single; If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Phelps, Lory W.
10. Color or race white 11. Age at time of this birth 32 yrs.
12. Birthplace Taylor Twp. Union Co. O.
13. Usual occupation Farm Laborer
14. Industry or business Same

MOTHER OF CHILD
15. Full maiden name Bacon, Armitta Adele
16. Color or race white 17. Age at time of this birth 27 yrs.
18. Birthplace Taylor Twp. Union Co. Ohio
19. Usual occupation Housewife
20. Industry or business same

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 Roger Jenkins, M.D.
Address Broadway, Ohio
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Mary Magdalene Ebright

Case No. A-530

APPLICATION

Your applicant respectfully represents that.....was born in.....County, Ohio; that.....now resides in.....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 .....
(b) .....
(c) Name of hospital or institution:
.....
(d) Mother's stay before delivery:
In hospital or institution.....In this community.....

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) .....
(d) Street No. .....

3. Full name of child.....
4. Date of birth.....
5. Sex: .....
6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy.....
8. Mother married?.....

FATHER OF CHILD
9. Full name .....
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace .....
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name.....
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace .....
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

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.....*

.....
.....

AFFIDAVIT

Probate Court,.....County, Ohio

In the Matter of the

.....

of .....

The State of Ohio,.....County, ss:

I, ...do hereby certify that I was the physician in attendance at the birth of....., the applicant herein, and that the facts stated in the application 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,.....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.....

.....
.....

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.....

.....
.....

Probate Court,.....County, Ohio

In the Matter of the

.....

of .....

....., *19.....*

Case No. 530

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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.

.....
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

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) .....
(c) Name of hospital or institution:
.....
(d) Mother's stay before delivery:
In hospital or institution.....In this community.....

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) .....
(d) Street No. .....

3. Full name of child.....
4. Date of birth.....
5. Sex: .....
6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy.....
8. Mother married?.....

FATHER OF CHILD

9. Full name .....
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace .....
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name.....
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace .....
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Harry Earl Palmer

Case No. A-531

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 542 East 4th St. Marysville *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
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 22 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Allen Township
(d) Street No.

3. Full name of child Palmer, Harry Earl

4. Date of birth Dec. 12, 1890

5. Sex: Male

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Palmer, Joseph Henry
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Allen Twp. Union County
13. Usual occupation Engineer
14. Industry or business Stationary Engineer

MOTHER OF CHILD
15. Full maiden name Bryan, Sarah Elizabeth
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Allen Twp. Union County
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? 0
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 2

22. Attending Physician or Midwife:
Name Wickrel Sharp
Address Woodstock, 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.*

Harry Earl Palmer
Applicant.

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 Earl Palmer
Applicant.

P. O. Address 542 East Fourth St. Marysville, O.

Sworn to before me and signed in my presence this 26 *day of* July, *19* 43.

William L. Coleman
Notary Public, State of Ohio

(Seal)

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

The State of Ohio, Union **County, ss:**

I, Edgar A. Holycross, 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.*

Edgar A. Holycross

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 26 *day of* July, *19* 43.

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, George Schlegel, 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.*

George Schlegel

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 26 *day of* July, *19* 43.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union **County, Ohio**

July 26, *19* 43

Case No. A-531 ✓

ORDER FOR HEARING

In the Matter of the Registration of Birth

of Harry Earl Palmer

This day Harry Earl Palmer *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

July 26, 19 43

In the Matter of the

REGISTRATION OF BIRTH

of Harry Earl Palmer

Case No. A-531

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Harry Earl Palmer
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 Edgar Holycross and George Schlegel as 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, Union County
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 22 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Allen Twp. Union County
(d) Street No. .....

3. Full name of child Palmer, Harry Earl

4. Date of birth Dec. 12, 1890

5. Sex: Male

6. Twin or triplet single If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Palmer, Joseph Henry
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Allen Twp. Union County
13. Usual occupation Engineer
14. Industry or business Stationary Engineer

MOTHER OF CHILD
15. Full maiden name Bryan, Sarah Elizabeth
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Allen Twp. Union County
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? 0
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 2

22. Attending Physician or Midwife:
Name Wickrel Sharp
Address Woodstock, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of Birth

of Max Spain

Case No. A-534

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) Allen Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 8 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Allen Township
(d) Street No.

3. Full name of child Spain, Max

4. Date of birth July 9, 1899

5. Sex: M.

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Spain, Madison
10. Color or race white 11. Age at time of this birth 33 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation machinist's helper
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Thomas, Effie Josephine
16. Color or race white 17. Age at time of this birth 35 yrs.
18. Birthplace Union County, 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? 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. Smith
Address Pottersburg, 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.*

Max Spain
Applicant.

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.*

Max Spain
Applicant.

P. O. Address 803 W. Third St. Marysville, O.

Sworn to before me and signed in my presence this 7 *day of* August, *19* 43.

Mildred L. Fladt
(Seal) Notary Public, Union County, Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

The State of Ohio, Union **County, ss:**

I, Phineas Thomas, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Phineas Thomas

P. O. Address Dover, Ohio

Sworn to before me and signed in my presence this 10 *day of* August, *19* 43.

Carrie W. Hornbeck
Deputy

(Seal)

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 10 *day of* August, *19* 43.

Carrie W. Hornbeck
Deputy

Probate Court, Union County, Ohio

August 10, 19 43

In the Matter of the Registration of Birth

of Max Spain

Case No. A-534

ORDER FOR HEARING

This day Max Spain *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 10, 1943

In the Matter of the
REGISTRATION OF BIRTH
of Max Spain

Case No. A-534

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Max Spain *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 Phineas Thomas and Evah R. Holycross, 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) Allen Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 8 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Allen Township
(d) Street No.

3. Full name of child Spain, Max

4. Date of birth July 9, 1899

5. Sex: M.

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Spain, Madison
10. Color or race white 11. Age at time of this birth 33 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation machinist's helper
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Thomas, Effie Josephine
16. Color or race white 17. Age at time of this birth 35 yrs.
18. Birthplace Union County, 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? 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. Smith
Address Pottersburg, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of Birth

of Mary Alice Harris

Case No. A-536

APPLICATION

Your applicant respectfully represents that she *was born in* Franklin *County, Ohio; that* she *now resides in* Marysville xxxx *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, Ohio
(c) Name of hospital or institution: White Cross Hospital
(d) Mother's stay before delivery:
In hospital or institution 1 day In this community 3 years

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Franklin
(c) Columbus, Ohio
(d) Street No.

3. Full name of child Harris, Mary Alice

4. Date of birth March 31, 1915

5. Sex: Female

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Harris, Lincoln Joseph
10. Color or race colored 11. Age at time of this birth 50 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Farmer
14. Industry or business Shop-worker

MOTHER OF CHILD
15. Full maiden name Depp, Anna Mary
16. Color or race colored 17. Age at time of this birth 24 yrs.
18. Birthplace Union County, Ohio
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? 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. Angles
Address Columbus, Ohio
M. D., midwife, or other

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 Alice Harris
Applicant.

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 Alice Harris
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 19th *day of* August, *19* 43.

William L. Coleman
Notary Public, State of Ohio

(Seal)

AFFIDAVIT

Probate Court, County, Ohio

In the Matter of the

of

The State of Ohio, County, ss:

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address *Attending Physician.*

Sworn to before me and signed in my presence this *day of* , *19* .

The State of Ohio, Union **County, ss:**

I, Mary Fleming, 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 Fleming

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 19th *day of* August, *19* 43.

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Kathryn Allen, 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.*

Kathryn Allen

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 19th *day of* August, *19* 43.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

August 19, *19* 43.

In the Matter of the registration of birth

of Mary Alice Harris

Case No. A-536

ORDER FOR HEARING

This day Mary Alice Harris *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 hearing be dispensed with.

It is further ordered by The Court that , *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 19, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of Mary Alice Harris

Case No. A-536

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Mary Alice Harris *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 Mary Fleming, Marysville, Ohio, Cousin, and Kathryn Allen, Marysville, Ohio, Cousin; *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, Ohio
(c) Name of hospital or institution: White Cross Hospital
(d) Mother's stay before delivery:
In hospital or institution 1 day In this community 3 years

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Franklin
(c) Columbus, Ohio
(d) Street No.

3. Full name of child Harris, Mary Alice

4. Date of birth March 31, 1915

5. Sex: Female

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Harris, Lincoln Joseph
10. Color or race colored 11. Age at time of this birth 50 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Farmer
14. Industry or business Shop worker

MOTHER OF CHILD
15. Full maiden name Depp, Anna Mary
16. Color or race colored 17. Age at time of this birth 24 yrs.
18. Birthplace Union County, Ohio
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? 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. Angles
Address Columbus, Ohio
.....
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Helen Lucile Smith

Case No. A-537

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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 2 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Allen Township
(d) Street No.

3. Full name of child Smith, Helen Lucile

4. Date of birth April 18, 1904

5. Sex: F.

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Smith, William B.
10. Color or race white 11. Age at time of this birth 31 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Varner, Grace
16. Color or race white 17. Age at time of this birth 23 yrs.
18. Birthplace Shenandoah County, Virginia
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. Smith
Address Pottersburg, Ohio
M. D., midwife, or other

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.*

Helen Lucile 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 she *verily believes.*

Helen Lucile Smith
Applicant.

P. O. Address Box 7, Raymond, Ohio

Sworn to before me and signed in my presence this 28 *day of* August, *19* 43

(Seal)

Clifton L. Caryl
Notary Public, Union County, Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Grace 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 Smith

P. O. Address North Lewisburg, Ohio

Sworn to before me and signed in my presence this 28 *day of* August, *19* 43

(Seal)

CliftonL. Caryl
Notary Public, Union County, Ohio

The State of Ohio, Union **County, ss:**

I, Mrs. Ora Hurd, *do hereby certify that 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. Ora Hurd

P. O. Address Raymond, Ohio

Sworn to before me and signed in my presence this 28 *day of* August, *19* 43

(Seal)

Clirton L. Caryl
Notary Public, Union County, Ohio

Probate Court, Union County, Ohio

August 28, 1943

In the Matter of the Registration of Birth

of Helen Lucile Smith

Case No. A-537

ORDER FOR HEARING

This day Helen Lucile Smith *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 28, 1943

In the Matter of the
REGISTRATION OF BIRTH
of Helen Lucile Smith

Case No. A-537

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Helen Lucile 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 Smith, her mother, and Mrs. Ora Hurd, 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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 2 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Allen Township
(d) Street No.

3. Full name of child Smith, Helen Lucile

4. Date of birth April 18, 1904

5. Sex: F.

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Smith, William B.
10. Color or race white 11. Age at time of this birth 31 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Varner, Grace
16. Color or race white 17. Age at time of this birth 23 yrs.
18. Birthplace Shenandoah County, Virginia
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. Smith
Address Pottersburg, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Morton E. Evans

Case No. A-538

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)
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ... In this community 2 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Delaware
(c)
(d) Street No.

3. Full name of child Evans, Morton E.

4. Date of birth Oct. 26, 1888

5. Sex: M.

6. Twin or triplet single ... If so—born 1st, 2nd, or 3d none

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Evans, Joseph Elias
10. Color or race white ... 11. Age at time of this birth 34 yrs.
12. Birthplace Madison County, Ohio
13. Usual occupation laborer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Wetzel, Florence
16. Color or race white ... 17. Age at time of this birth 24 yrs.
18. Birthplace Lancaster County, Pa.
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 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 the registration of his birth *as provided by law.*

Morton E. 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.*

Morton E. Evans
Applicant.

P. O. Address Unionville Center, Ohio

Sworn to before me and signed in my presence this 28 *day of* August, *19* 43.

Clifton L. Caryl
Clifton L. Caryl, Notary Public, Union County, Ohio

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ..., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address ...

Attending Physician.

Sworn to before me and signed in my presence this ... *day of* ..., *19* ...

...

(Seal)

The State of Ohio, Union **County, ss:**

I, Harry Evans, 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.*

Harry Evans

P. O. Address RFD#1, Richwood, Ohio

Sworn to before me and signed in my presence this 29 *day of* Feb., *19* 44

John W. Dailey
P.J.

(Seal)

The State of Ohio, Union **County, ss:**

I, Grant Wycoff, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Grant Wycoff

P. O. Address Unionville Center, Ohio

Sworn to before me and signed in my presence this 29 *day of* Feb., *19* 44

John W. Dailey
P.J.

Probate Court, Union County, Ohio

February 29, *19* 44

In the Matter of the registration of birth

of Morton E. Evans

Case No. A-538

ORDER FOR HEARING

This day Morton E. Evans *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 Master Commissioner to take sworn testimony in said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

February 29, 19 44

In the Matter of the
REGISTRATION OF BIRTH
of Morton E. Evans

Case No. A-538

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Morton E. Evans *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 Harry Evans, his cousin, and Grant Wycoff, 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) .....
(c) Name of hospital or institution:
.....
(d) Mother's stay before delivery:
In hospital or institution..... In this community 2 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Delaware
(c) .....
(d) Street No. .....

3. Full name of child Evans, Morton E.

4. Date of birth Oct. 26, 1888

5. Sex: M.

6. Twin or triplet single If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Evans, Joseph Elias
10. Color or race white 11. Age at time of this birth 34 yrs.
12. Birthplace Madison County, Ohio
13. Usual occupation laborer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Wetzel, Florence
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace Lancaster County, Pa.
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 unknown
Address .....
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Arnold Brown

Case No. A-539

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) Union Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 20 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Union Township
(d) Street No.

3. Full name of child Brown, Arnold

4. Date of birth Aug. 3, 1907

5. Sex: M.

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Brown, Louis Marlow
10. Color or race white 11. Age at time of this birth 46 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation carpenter
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Brown, Irene Jane
16. Color or race white 17. Age at time of this birth 41 yrs.
18. Birthplace Union County, 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? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name J. L. Boylan
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.*

Arnold Brown
Applicant.

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.*

Arnold Brown
Applicant.

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 30 *day of* August, 1943

Clifton L. Caryl
Clifton L. Caryl, Notary Public, Union County, Ohio

(Seal)

AFFIDAVIT

Probate Court, County, Ohio

In the Matter of the

of

The State of Ohio, County, ss:

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application 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, Irene Brown, motner, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Irene Brown X her mark

Witness: Betty Geer
P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 30 *day of* August, 19 43.

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union County, ss:

I, Eltie Brown, step-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.*

Eltie Brown

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 30 *day of* August, 19 43.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

August 30, 19 43

In the Matter of the Registration of Birth

of Arnold Brown

Case No. A-539

ORDER FOR HEARING

This day Arnold Brown *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application be had fortnwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that *be and hereby is appointed Master Commissioner to take sword testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 30, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of Arnold Brown

Case No. A-539

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Arnold Brown *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 Irene Brown, his mother, and Eltie Brown, his step-brother, 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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 20 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Union Township
(d) Street No.

3. Full name of child Brown, Arnold

4. Date of birth Aug. 3, 1907

5. Sex: M.

6. Twin or triplet single; If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Brown, Louis Marlow
10. Color or race white 11. Age at time of this birth 46 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation carpenter
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Brown, Irene Jane
16. Color or race white 17. Age at time of this birth 41 yrs.
18. Birthplace Union County, 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? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. J. L. Boylan
Address Milford Center, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Ethel Pauline Anderson

Case No. A-540

APPLICATION

Your applicant respectfully represents that she *was born in* Clark *County, Ohio; that* she *now resides in* Marysville, Route 5 ~~xxxxx~~ *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 Clark
(b) Springfield
(c) Name of hospital or institution: no
(d) Mother's stay before delivery:
In hospital or institution no In this community 8 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Clark
(c) Springfield
(d) Street No.

3. Full name of child Anderson, Etnel Pauline

4. Date of birth May 10, 1899

5. Sex: Female

6. Twin or triplet no If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Anderson, Harry Louis
10. Color or race white 11. Age at time of this birth 38 yrs.
12. Birthplace New Haven, Conn.
13. Usual occupation rail road supervisor
14. Industry or business railroad

MOTHER OF CHILD
15. Full maiden name Brueshaber, Martna Lena
16. Color or race white 17. Age at time of this birth 26 yrs.
18. Birthplace Berlin, Germany
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. Noel Myers
Address Springfield, Ohio
M. D., midwife, or other

Your applicant further represents that the registration of ner *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.*

Etnel Pauline Pfarr
Applicant.

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.*

Etnel Pauline Pfarr
Applicant.

P. O. Address Marysville, Ohio, Route # 5

Sworn to before me and signed in my presence this 30th *day of* August, *19* 43.

Alnet Mayer
(Seal) Alnet Mayer, Notary Public

AFFIDAVIT

Probate Court, County, Ohio

In the Matter of the

of

The State of Ohio, County, ss:

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application 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)

The State of Ohio, Union **County, ss:**

I, Martna Anderson, 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.*

Martna Lena Anderson

P. O. Address Marysville, Ohio, Rt. # 5

Sworn to before me and signed in my presence this 30th *day of* August, *19* 43.

Carrie W. Hornbeck
(Seal) Deputy

The State of Ohio, Union **County, ss:**

I, Ada M. Collier, 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.*

Ada M. Collier

P. O. Address North Court, Marysville, Ohio

Sworn to before me and signed in my presence this 30th *day of* August, *19* 43.

Carrie W. Hornbeck
(Seal) Deputy

Probate Court, Union County, Ohio

August 30, 1943

In the Matter of the Registration of the Birth Record *of* Etnel Pauline Anderson

Case No. A-540

ORDER FOR HEARING

This day Etnel Pauline Anderson *appeared in open court and filed an application for the* registration of her birth record

It is ordered that hearing on said application be had forthwith and notice of same be dispensed with.

It is further ordered by The Court that , *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, union **County, Ohio**

August 30th, *19* 43.

In the Matter of the
REGISTRATION OF BIRTH
of Ethel Pauline Anderson

Case No. A-540

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Ethel Pauline Anderson *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 Martha Anderson, mother of affiant, and Ada M. Collier, friend, two 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 Clark
(b) Springfield
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution none In this community 8 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Clark
(c) Springfield
(d) Street No.

3. Full name of child Anderson, Ethel Pauline

4. Date of birth May 10, 1899

5. Sex: female

6. Twin or triplet no If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Anderson, Harry Louis
10. Color or race white 11. Age at time of this birth 38 yrs.
12. Birthplace New Haven, Conn.
13. Usual occupation railroad supervisor
14. Industry or business railroad

MOTHER OF CHILD
15. Full maiden name Brueshaber, Martha Lena
16. Color or race white 17. Age at time of this birth 26 yrs.
18. Birthplace Berlin, Germany
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. Noel Myers
Address Springfield, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., *19*.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Thomas Kenneth McCracken

Case No. A-541

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 516 N.Main 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) Marysville
(c) Name of hospital or institution: None
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 13 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No. Cherry Street

3. Full name of child McCracken, Thomas Kenneth

4. Date of birth 8-23-1926

5. Sex: male

6. Twin or triplet no If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name McCracken, Arthur C.
10. Color or race white 11. Age at time of this birth 33 yrs.
12. Birthplace Greene County, Pennsylvania
13. Usual occupation Mechanic
14. Industry or business Mechanic

MOTHER OF CHILD

15. Full maiden name Gray, Bertha M.
16. Color or race white 17. Age at time of this birth 33 yrs.
18. Birthplace Ohio County, W. Virginia
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? one
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Charles Mills
Address (deceased)
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.*

Thomas Kenneth 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.*

Thomas Kenneth McCracken
Applicant.

P. O. Address 516 North Main St. Marysville, Ohio

Sworn to before me and signed in my presence this 9th *day of* September, *19* 43.

Fearn M. Winkle

(Seal) Fearn M.Winkle, Notary Public, Union County, Ohio. Commission expires July 8, 1946

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....

Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19* .....

.....

The State of Ohio, Union **County, ss:**

I, Bertha M. 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 M. McCracken

P. O. Address 516 N.Main St.Marysville, Ohio

Sworn to before me and signed in my presence this 9th *day of* September, *19* 43

(seal) Betty Geer
Deputy Clerk

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 516 N.Main St. Marysville, Ohio

Sworn to before me and signed in my presence this 9th *day of* September, *19* 43

(seal) Betty Geer
Deputy Clerk

Probate Court, Union County, Ohio

September 9, *19* 43

In the Matter of the registration of birth

of Thomas Kenneth McCracken

Case No. A-541

ORDER FOR HEARING

This day Thomas Kenneth 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 notice dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

Sworn to before me and signed in my presence, this.....day of....., 19.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

September 9, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of Thomas Kenneth McCracken

Case No. A-541

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Thomas Kenneth McCracken *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 Bertha M. 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) Marysville
(c) Name of hospital or institution: None
(d) Mother's stay before delivery:
In hospital or institution..... In this community 13 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No. Cherry Street

3. Full name of child McCracken, Thomas Kenneth
4. Date of birth 8-23-1926
5. Sex: male
6. Twin or triplet no; If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name McCracken, Arthur C.
10. Color or race white 11. Age at time of this birth 33 yrs.
12. Birthplace Greene County, Pennsylvania
13. Usual occupation Mechanic
14. Industry or business Mechanic

MOTHER OF CHILD
15. Full maiden name Gray, Bertha M.
16. Color or race white 17. Age at time of this birth 33 yrs.
18. Birthplace Ohio County, W. Virginia
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? one
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Charles Mills
Address (deceased)
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of William Edward Wilson

Case No. A-542

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville ~~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 Township
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 27 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg Township
(d) Street No.

3. Full name of child Wilson, William Edward

4. Date of birth March 9, 1897

5. Sex: Male

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Wilson, George Washington
10. Color or race white 11. Age at time of this birth 37 yrs.
12. Birthplace Jay County, Indiana
13. Usual occupation Bricklayer
14. Industry or business Bricklayer

MOTHER OF CHILD

15. Full maiden name Laughrey, Eliza Jane
16. Color or race white 17. Age at time of this birth 27 yrs.
18. Birthplace Union County, Leesburg Township
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? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Bonner
Address Pharisburg, 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.*

William Edward Wilson
Applicant.

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 Edward Wilson
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 20th *day of* September, *19* 43.

William L. Coleman
Notary Public, State of Ohio

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

The State of Ohio, Union **County, ss:**

I, Albert Gardner, 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.*

Albert Gardner

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 22nd *day of* September, *19* 43.

John W. Dailey
Probate Judge

(Seal)

The State of Ohio, Union **County, ss:**

I, Mrs. Minnie Gardner, 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.*

Mrs. Minnie Gardner

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 22nd *day of* September, *19* 43.

John W. Dailey
Probate Judge

(Seal)

Probate Court, Union County, Ohio

September 22, *19* 43

In the Matter of the registration of birth

of William Edward Wilson

Case No. A-542

ORDER FOR HEARING

This day William Edward Wilson *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 hereby appointed Master Commissioner to take the sworn testimony in said application, if the services of a Master Commissioner are necessary, and~~ *this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

September 22, 19 43.

In the Matter of the
REGISTRATION OF BIRTH
of William Edward Wilson

Case No. A-542

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of William Edward Wilson
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 Gardner and Mrs. Minnie Gardner, 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
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 27 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg Township
(d) Street No.

3. Full name of child Wilson, William Edward
4. Date of birth March 9, 1897
5. Sex: Male
6. Twin or triplet single If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Wilson, George Wasnington
10. Color or race white 11. Age at time of this birth 37 yrs.
12. Birthplace Jay County, Indiana
13. Usual occupation Bricklayer
14. Industry or business Bricklayer

MOTHER OF CHILD
15. Full maiden name Laughrey, Eliza Jane
16. Color or race white 17. Age at time of this birth 27 yrs.
18. Birthplace Union County, Leesburg Township
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? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Bonner
Address Pharisburg, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of the birth record
of Bertha Love Holtsberry

Case No. A-543

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 5057 George St. Flint, Michigan *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) Millcreek
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 19 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Millcreek
(d) Street No.

3. Full name of child Holtsberry, Bertha Love

4. Date of birth June 30, 1897

5. Sex: female

6. Twin or triplet no If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Holtsberry, Norris Burnette
10. Color or race white 11. Age at time of this birth 19 yrs.
12. Birthplace Franklin County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Pennypacker, Flora Marilla
16. Color or race white 17. Age at time of this birth 19 yrs.
18. Birthplace Union County, 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. Joseph Pounds
Address Ostrander, Ohio
M. D., midwife, or other

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 Love Holtsberry Rousseau
Applicant.

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.*

Bertha Love Holtsberry Rousseau
Applicant.

P. O. Address 5057 George St. Flint, Michigan

Sworn to before me and signed in my presence this 23 *day of* September, *19* 43.

Alnet Mayer
Alnet Mayer, Notary Public

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the
of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19* .....

The State of Ohio, Union **County, ss:**

I, Flora M. Holtsberry, 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.*

Flora M. Holtsberry

P. O. Address Marysville, Ohio, Route # 2

Sworn to before me and signed in my presence this 24 *day of* September, *19* 43

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Norris B. Holtsberry, 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.*

Norris B. Holtsberry

P. O. Address Marysville, Ohio, Route # 2

Sworn to before me and signed in my presence this 24 *day of* September, *19* 43.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio
September 24, *19* 43.

In the Matter of the registration of the birth record
of Bertha Love Holtsberry

Case No. A 543

ORDER FOR HEARING

This day Bertha Love Holtsberry *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

September 24, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of Bertha Love Holtsberry

Case No. A 543

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Bertha Love Holtsberry
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 who know the facts, Flora M. Holtsberry, motner and Norris B. Holtsberry, 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) Millcreek
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution..... In this community 19 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Millcreek
(d) Street No.

3. Full name of child Holtsberry, Bertha Love
4. Date of birth June 30, 1897
5. Sex: female
6. Twin or triplet no; If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Holtsberry, Norris Burnette
10. Color or race white 11. Age at time of this birth 19 yrs.
12. Birthplace Franklin County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Pennypacker, Flora Marilla
16. Color or race white 17. Age at time of this birth 19 yrs.
18. Birthplace Union County, 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. Joseph Pounds
Address Ostrander, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Ruth Hazel Gardner

Case No. A-547

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Logan *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 Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 1 yr.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg Township
(d) Street No.

3. Full name of child Gardner, Ruth Hazen
4. Date of birth Sept. 6, 1897
5. Sex: F.
6. Twin or triplet neither If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Gardner, Albert Murland
10. Color or race white 11. Age at time of this birth 26 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation carpenter
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Deal, Armintha P.
16. Color or race white 17. Age at time of this birth 26 yrs.
18. Birthplace Union County, 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 none
Address
M. D., midwife, or other

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 Hazel Gardner Kinney
Applicant.

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 Hazel Gardner Kinney
Applicant.

P. O. Address Middleburg, Ohio

Sworn to before me and signed in my presence this 13 *day of* October, *19* 43.

Mildred L. Fladt
(Seal) Notary Public, Union County, Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

.....

.....

The State of Ohio, Union **County, ss:**

I, Albert M. Gardner, 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 M. Gardner

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 13 *day of* October, *19* 43.

Mildred L. Fladt
(Seal) Notary Public, Union County, Ohio

The State of Ohio, Union **County, ss:**

I, Armintha P. Gardner, 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.*

Armintha P. Gardner

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 13 *day of* October, *19* 43.

Carrie W. Hornbeck
(Seal) Deputy

Probate Court, Union County, Ohio
October 13, 1943

In the Matter of the
Registration of Birth
of Ruth Hazel Gardner

Case No. A-547

ORDER FOR HEARING

This day Ruth Hazel Gardner *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

October 13, 1943

In the Matter of the
REGISTRATION OF BIRTH
of Ruth Hazel Gardner

Case No. A-547 ✓

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Ruth Hazel Gardner *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 M. Gardner, her father and Armintha P. Gardner, 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 Union
(b) Leesburg Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 1 yr.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg Township
(d) Street No.

3. Full name of child Gardner, Ruth Hazel

4. Date of birth Sept. 6, 1897

5. Sex: F.

6. Twin or triplet single If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Gardner, Albert Murland
10. Color or race white 11. Age at time of this birth 26 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation carpenter
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Deal, Armintha P.
16. Color or race white 17. Age at time of this birth 26 yrs.
18. Birthplace Union County, 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 none
Address .....
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Harold Richard Kirby

Case No. A-548

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville *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, Paris Twnshp.
(c) Name of hospital or institution: None
(d) Mother's stay before delivery:
In hospital or institution ..... In this community life

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville, Paris Township
(d) Street No. East Fifth Street

3. Full name of child Kirby, Harold Richard

4. Date of birth 3/20/1913

5. Sex: Male

6. Twin or triplet no ..... If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Kirby, John Edward
10. Color or race white 11. Age at time of this birth 23 yrs.
12. Birthplace Greenville, Ohio
13. Usual occupation Laborer
14. Industry or business Laborer

MOTHER OF CHILD
15. Full maiden name Rausch, Myrtle M.
16. Color or race white 17. Age at time of this birth 20 yrs.
18. Birthplace Marysville, Union County, Ohio
19. Usual occupation Housewife
20. Industry or business Housewife

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 Dr. Carl Hoopes (deceased)
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 the registration of his birth, *as provided by law.*

Harold Richard Kirby
Applicant.

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 Richard Kirby
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 15th *day of* October, *19* 43.

Fearn M. Winkle
(Seal) Fearn M. Winkle, Notary Public, Union County, Ohio. Commission expires July 8th, 1946

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address ..... *Attending Physician.*

Sworn to before me and signed in my presence this ..... *day of* ....., *19* .....

The State of Ohio, Union **County, ss:**

I, Ellison Snider, 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.*

Ellison Snider

P. O. Address .....

Sworn to before me and signed in my presence this 15 *day of* Oct., *19* 43.

Carrie W. Hornbeck
(Seal) Deputy

The State of Ohio, Union **County, ss:**

I, Curry S. Croy, 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.*

Curry S. Croy

P. O. Address .....

Sworn to before me and signed in my presence this 15 *day of* Oct *19* 43.

Carrie W. Hornbeck
(Seal) Deputy

Probate Court, Union County, Ohio

Oct. 15, *19* 43.

In the Matter of the Registration of Birth

of Harold Richard Kirby

Case No. A-548

ORDER FOR HEARING

This day Harold Richard Kirby *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

October 15, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of Harold Richard Kirby

Case No. A-548

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Harold Richard Kirby
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 Ellison Snider and Curry S. Croy, 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, Paris Township
(c) Name of hospital or institution: None
(d) Mother's stay before delivery:
In hospital or institution..... In this community life

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville, Paris Township
(d) Street No. East Fifth Street

3. Full name of child Kirby, Harold Richard
4. Date of birth 3/20/1913
5. Sex: Male
6. Twin or triplet no; If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Kirby, John Edward
10. Color or race white 11. Age at time of this birth 23 yrs.
12. Birthplace Greenville, Ohio
13. Usual occupation Laborer
14. Industry or business Laborer

MOTHER OF CHILD
15. Full maiden name Rausch, Myrtle M.
16. Color or race white 17. Age at time of this birth 20 yrs.
18. Birthplace Marysville, Union County, Ohio
19. Usual occupation Housewife
20. Industry or business Housewife

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 Dr. Carl Hoopes (deceased)
Address .....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Clyde Malcolm Figley

Case No. A-549

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Detroit, Michigan ~~XXXXXX~~ *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
(c) Name of hospital or institution: None
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 4 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Liberty Township
(d) Street No. None

3. Full name of child Figley, Clyde Malcolm

4. Date of birth 9/16/1892

5. Sex: Male

6. Twin or triplet No If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Figley, Joseph Marion
10. Color or race white 11. Age at time of this birth 34 yrs.
12. Birthplace Liberty Township, Ohio
13. Usual occupation Farmer
14. Industry or business Farmer

MOTHER OF CHILD
15. Full maiden name Hall, Clara Louise
16. Color or race white 17. Age at time of this birth 35 yrs.
18. Birthplace Little Sandusky, Ohio
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. Wright (deceased)
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 the registration of his birth, *as provided by law.*

Clyde Malcolm 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 he *verily believes.*

Clyde Malcolm Figley
Applicant.

P. O. Address Detroit, Michigan

Sworn to before me and signed in my presence this 19th *day of* October, *19* 43.

Fearn M. Winkle
Fearn M. Winkle, Notary Public, Union County, Ohio. Commission expires July 8th, 1946

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

The State of Ohio, Union **County, ss:**

I, Ernest J. Figley, 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.*

Ernest Figley

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 19th *day of* October, *19* 43.

Betty Geer
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Edna G. Figley, 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.*

Edna G. Figley

P. O. Address West Mansfield, Ohio, R.#1

Sworn to before me and signed in my presence this 19th *day of* October, *19* 43.

Betty Geer
Deputy

(Seal)

Probate Court, Union County, Ohio
October 19, 19 43

In the Matter of the registration of birth

of Clyde Malcolm Figley

Case No. A-549

ORDER FOR HEARING

This day Clyde Malcolm Figley *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

October 19th, 19 43.

In the Matter of the
REGISTRATION OF BIRTH
of Clyde Malcolm Figley

Case No. A-549

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Clyde Malcolm Figley *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 Ernest J. Figley and Edna G. Figley, 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
(c) Name of hospital or institution: None
(d) Mother's stay before delivery:
In hospital or institution..... In this community 4 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Liberty Township
(d) Street No. .....

3. Full name of child Figley, Clyde Malcolm

4. Date of birth 9/16/1892

5. Sex: Male

6. Twin or triplet no; If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Figley, Joseph Marion
10. Color or race white 11. Age at time of this birth 34 yrs.
12. Birthplace Liberty Township, Ohio
13. Usual occupation Farmer
14. Industry or business Farmer

MOTHER OF CHILD
15. Full maiden name Hall, Clara Louise
16. Color or race white 17. Age at time of this birth 35 yrs.
18. Birthplace Little Sandusky, Ohio
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. Wright (deceased)
Address .....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of the birth

of Audrey Berniece Stewart

Case No. A-550

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Plain City *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) Jerome
(c) Name of hospital or institution: At home
(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) Jerome
(d) Street No. .....

3. Full name of child Stewart, Audrey Berniece
4. Date of birth Oct. 28, 1908
5. Sex: Female
6. Twin or triplet single If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Stewart, Clarence V.
10. Color or race White 11. Age at time of this birth 23 yrs.
12. Birthplace Delaware County, Ohio
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Vermillion, Bessie Rebecca
16. Color or race White 17. Age at time of this birth 20 yrs.
18. Birthplace Paulding County, 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? 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. McKitrick, now deceased
Address Dublin, Ohio
M. D., midwife, or other .....

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.*

Audrey Berniece Stewart Lawwell
Applicant.

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.*

Audrey Berniece Stewart Lawwell
Applicant.

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 26 *day of* October, *19* 43

(Seal)

Betty Geer
Deputy

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Clarence V. Stewart, father of Audrey Berniece 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.*

Clarence V. Stewart

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 26th *day of* October, *19* 43.

(Seal)

Betty Geer
Deputy

The State of Ohio, Union **County, ss:**

I, Bessie Rebecca Stewart, mother of Audrey Berniece 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.*

Mrs. Bessie Rebecca Stewart

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 26th *day of* October, *19* 43

(Seal)

Betty Geer
Deputy

Probate Court, Union **County, Ohio**

October 26, *19* 43.

In the Matter of the registration of birth

of Audrey Berniece Stewart

Case No. A-550

ORDER FOR HEARING

This day Audrey Berniece Stewart *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 dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**
October 26, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of Audrey Berniece Stewart

Case No. A-550

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Audrey Berniece Stewart
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 V. Stewart, her father, and Bessie Rebecca Stewart, 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 Union
(b) Jerome
(c) Name of hospital or institution: At home
(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) Jerome
(d) Street No.

3. Full name of child Stewart, Audrey Berniece

4. Date of birth Oct. 28, 1908

5. Sex: Female

6. Twin or triplet Single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Stewart, Clarence V.
10. Color or race White 11. Age at time of this birth 23 yrs.
12. Birthplace Delaware County, Ohio
13. Usual occupation Farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Vermillion, Bessie Rebecca
16. Color or race White 17. Age at time of this birth 20 yrs.
18. Birthplace Paulding County, 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? 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. McKitrick, now deceased
Address Dublin, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Rutherford Allen Hawley

Case No. A-551

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Columbus XXXXX *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) Village of Marysville, Paris Township
(c) Name of hospital or institution: No
(d) Mother's stay before delivery:
In hospital or institution..... In this community 33 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Village of Marysville, Paris Township
(d) Street No. 419 Fourth Street

3. Full name of child Hawley, Rutherford Allen

4. Date of birth 3/1/1907

5. Sex: Male

6. Twin or triplet No If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD
9. Full name Hawley, Arthur W.
10. Color or race White 11. Age at time of this birth 34 yrs.
12. Birthplace Paris Township, Union County, Ohio
13. Usual occupation Laborer
14. Industry or business Laborer

MOTHER OF CHILD
15. Full maiden name Thompson, Maude
16. Color or race White 17. Age at time of this birth 33 yrs.
18. Birthplace Dover Township, Union County, Ohio
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? 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 Mrs. Thomas Edwards
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.*

Rutherford Allen Hawley
Applicant.

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.*

Rutherford Allen Hawley
Applicant.

P. O. Address Columbus, Ohio

Sworn to before me and signed in my presence this 28th *day of* October, *19* 43.

William J. Porter
William J. Porter, Notary Public, State of Ohio. Commission expires Jan.16,1945.

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Maude Hawley, 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.*

Maud Hawley

P. O. Address R.#2, Marysville, Ohio

Sworn to before me and signed in my presence this 28th *day of* October, *19* 43.

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Arthur W. Hawley, 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 W. Hawley

P. O. Address R.#2, Marysville, Ohio

Sworn to before me and signed in my presence this 28th *day of* October, *19* 43

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

October 28, *19* 43.

In the Matter of the registration of birth

of Rutherford Allen Hawley

Case No. A-551

ORDER FOR HEARING

This day Rutherford Allen Hawley *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary;~~ *and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

October 28th, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of Rutherford Allen Hawley

Case No. A-551

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Rutherford Allen Hawley *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 Maude Hawley and Arthur W. Hawley, 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) Village of Marysville, Paris Township
(c) Name of hospital or institution: None
(d) Mother's stay before delivery:
In hospital or institution..... In this community 33 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Village of Marysville, Paris Township
(d) Street No. 419 Fourth Street

3. Full name of child Hawley, Rutherford Allen
4. Date of birth 3/1/1907
5. Sex: Male
6. Twin or triplet no If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Hawley, Arthur W.
10. Color or race White 11. Age at time of this birth 34 yrs.
12. Birthplace Paris Township, Union County, Ohio
13. Usual occupation Laborer
14. Industry or business Laborer

MOTHER OF CHILD
15. Full maiden name Thompson, Maude
16. Color or race White 17. Age at time of this birth 33 yrs.
18. Birthplace Dover Township, Union County, Ohio
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? 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 Mrs. Thomas Edwards
Address Marysville, Ohio
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Anna Maebelle Wibley

Case No. A-552

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 232 S. Maple St. Marysville *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
(c) Name of hospital or institution: None
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 41 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Paris Township
(d) Street No.

3. Full name of child Wibley, Anna Maebelle
4. Date of birth 7/30/1918
5. Sex: Female
6. Twin or triplet no If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Wibley, John A.
10. Color or race White 11. Age at time of this birth 52 yrs.
12. Birthplace Madison County, Ohio
13. Usual occupation Butcher
14. Industry or business Butcher

MOTHER OF CHILD
15. Full maiden name Mitchell, Ida Sarah
16. Color or race White 17. Age at time of this birth 41 yrs.
18. Birthplace Dover Township, Ohio
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 Unknown
Address
M. D., midwife, or other

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.*

Anna Maebelle Wibley Hanby
Applicant.

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.*

Anna Maebelle Wibley Hanby
Applicant.

P. O. Address 232 South Maple St. Marysville, Ohio

Sworn to before me and signed in my presence this 9th *day of* November, *19* 43.

Carrie W. Hornbeck
Deputy, Probate Office

(Seal)

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Effie Baker, *do hereby certify that 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 Baker

P. O. Address East 4th St., Marysville, Ohio

Sworn to before me and signed in my presence this 9th *day of* November, *19* 43.

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Elsie Baker, *do hereby certify that 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 Baker

P. O. Address West 7th St., Marysville, Ohio

Sworn to before me and signed in my presence this 9th *day of* November, *19* 43.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union **County, Ohio**

November 9, *19* 43

In the Matter of the registration of birth

of Anna Maebelle Wibley

Case No. A-552

ORDER FOR HEARING

This day Anna Maebelle Wibley *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

November 9, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of Anna Maebelle Wibley

Case No. A-552

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Anna Maebelle Wibley
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 Effie Baker and Elsie Baker, 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
(c) Name of hospital or institution: None
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 41 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Paris Township
(d) Street No. .....

3. Full name of child Wibley, Anna Maebelle
4. Date of birth 7/30/1918
5. Sex: Female
6. Twin or triplet No; If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Wibley, John A.
10. Color or race White 11. Age at time of this birth 52 yrs.
12. Birthplace Madison County, Ohio
13. Usual occupation Butcher
14. Industry or business Butcher

MOTHER OF CHILD
15. Full maiden name Mitchell, Ida Sarah
16. Color or race White 17. Age at time of this birth 41 yrs.
18. Birthplace Dover Township, Ohio
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 Unknown
Address .....
.....
M. D., midwife, or other .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Martin Floyd Hamilton

Case No. A-554

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville ~~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
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community life

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Taylor Township
(d) Street No.

3. Full name of child Hamilton, Martin Floyd

4. Date of birth 12-2-1912

5. Sex: Male

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Hamilton, Clarence Grover
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Taylor Towship, Union County
13. Usual occupation Farmer
14. Industry or business Farmer

MOTHER OF CHILD
15. Full maiden name Weaver, Mary Magdaline
16. Color or race white 17. Age at time of this birth 25 yrs.
18. Birthplace Taylor Township, Union County
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? 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. Jenkins
Address Broadway, 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.*

Martin Floyd 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.*

Martin Floyd Hamilton
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 4th *day of* November, *19* 43.

William L. Coleman
Notary Public, State of Ohio

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19* .....

The State of Ohio, Union **County, ss:**

I, Mary Magdaline 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.*

Mary Magdaline Hamilton

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 4th *day of* November, *19* 43

William L. Coleman
Notary Public, State of Ohio

(Seal)

The State of Ohio, Union **County, ss:**

I, Clarence Grover Hamilton, 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 Grover Hamilton

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 4th *day of* November, *19* 43

William L. Coleman
Notary Public, State Of Ohio

(Seal)

Probate Court, Union **County, Ohio**

November 8, *19* 43

In the Matter of the Registration of Birth

of Martin Floyd Hamilton

Case No. A-554

ORDER FOR HEARING

This day Martin Floyd Hamilton *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 hearing dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

November 8, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of Martin Floyd Hamilton

Case No. A-554

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Martin Floyd Hamilton
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 Grover Hamilton and Mary Magdaline Hamilton as 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
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community life

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Taylor Township
(d) Street No.

3. Full name of child Hamilton, Martin Floyd
4. Date of birth 12-2-1912
5. Sex: Male
6. Twin or triplet single; If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Hamilton, Clarence Grover
10. Color or race White 11. Age at time of this birth 28 yrs.
12. Birthplace Taylor Township, Union County
13. Usual occupation Farmer
14. Industry or business Farmer

MOTHER OF CHILD
15. Full maiden name Weaver, Mary Magdaline
16. Color or race White 17. Age at time of this birth 25 yrs.
18. Birthplace Paris Township, Union County
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? 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. Jenkins
Address Broadway, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Lily Rebecca Temple

Case No. A-555

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) Washington

(c) Name of hospital or institution: At home

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 20 yrs.

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Washington

(d) Street No. .....

3. Full name of child Temple, Lily Rebecca

4. Date of birth Nov. 1, 1886

5. Sex: Female

6. Twin or triplet Single If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Temple, Sylvester

10. Color or race White 11. Age at time of this birth 27 yrs.

12. Birthplace Guernsey County, Ohio

13. Usual occupation Farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Durr, Anna Martha

16. Color or race White 17. Age at time of this birth 21 yrs.

18. Birthplace Baden, Germany

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 Bertha Durr, midwife

Address Kenton, Ohio

M. D., midwife, or other .....

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.*

Lily Rebecca Temple Kraus
Applicant.

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.*

Lily Rebecca Temple Kraus
Applicant.

P. O. Address 380 Bradford St. Marion, Ohio

Sworn to before me and signed in my presence this 8th *day of* November, *19*43.

Carrie W. Hornbeck
Deputy

(Seal)

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Anna Martha Temple, mother of Lily Rebecca 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.*

Anna Martha Temple

P. O. Address Kenton, Ohio

Sworn to before me and signed in my presence this 8th *day of* November, *19*43.

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Bertha Durr, aunt of Lily Rebecca 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.*

Miss Bertha Durr

P. O. Address Kenton, Ohio

Sworn to before me and signed in my presence this 8th *day of* November, *19*43.

Carrie W. Hornbeck
Deputy

Probate Court, Union **County, Ohio**

November 9, *19*43.

In the Matter of the registration of birth

of Lily Rebecca Temple

Case No. A-555

ORDER FOR HEARING

This day Lily Rebecca Temple *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

November 8, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of Lily Rebecca Temple

Case No. A-555

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lily Rebecca 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 Anna Martha Temple, mother and Bertha Durr, her aunt, 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
(c) Name of hospital or institution: At home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 20 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Washington
(d) Street No.

3. Full name of child Temple, Lily Rebecca

4. Date of birth Nov. 1, 1886

5. Sex: Female

6. Twin or triplet Single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Temple, Sylvester
10. Color or race White 11. Age at time of this birth 27 yrs.
12. Birthplace Guernsey County, Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Durr, Anna Martha
16. Color or race White 17. Age at time of this birth 21 yrs.
18. Birthplace Baden, Germany
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 Bertha Durr, midwife
Address Kenton, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-11—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of Birth

of Mildred Undine Graybill

Case No. A-556

APPLICATION

Your applicant respectfully represents that she *was born in* Montgomery *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 Montgomery
(b) Philipsburg
(c) Name of hospital or institution: at home
(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 Montgomery
(c) Philipsburg
(d) Street No. .....

3. Full name of child Graybill Mildred Undine

4. Date of birth 3/14/1904

5. Sex: Female

6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Graybille John Kline
10. Color or race White 11. Age at time of this birth 52 yrs.
12. Birthplace Ladoga, Indiana
13. Usual occupation Physician
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Magee Georgiana
16. Color or race White 17. Age at time of this birth 32 yrs.
18. Birthplace Clermont County, 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? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Spitler
Address Philipsburg
M. D., midwife, or other .....

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 Undine Dailey
Applicant.

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 Undine Dailey
Applicant.

P. O. Address 218 W. 4th Street, Marysville, Ohio

Sworn to before me and signed in my presence this 16 *day of* December, *19* 43.

John W. Dailey,
Probate Judge

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Philip G. Graybill, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Philip G. Graybill

P. O. Address Vincent St. Dayton, Ohio

Sworn to before me and signed in my presence this 16 *day of* December, *19* 43.

John W. Dailey, Probate Judge

The State of Ohio, Union **County, ss:**

I, Crystal L. Thomas, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Crystal L. Thomas

P. O. Address 208 W. 69 St. Cincinnati, Ohio

Sworn to before me and signed in my presence this 16 *day of* December, *19* 43.

John W. Dailey, Probate Judge

Probate Court, Union County, Ohio

In the Matter of the
Registration of birth
of Mildred Undine Graybill

December 16, *19* 43.
Case No. A-556

ORDER FOR HEARING

This day Mildred Undine Graybill *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 hereby appointed Master Commissioner in said matter to take testimony in said application, at the service of a Master Commissioner and that said cause is continued.~~

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

December 16, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of Mildred Undine Graybill

Case No. A-556

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Mildred Undine Graybill
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 Philip G. Graybill and Crystal L. Thomas, 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 Montgomery
(b) Philipsburg
(c) Name of hospital or institution: At home
(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 Montgomery
(c) Philipsburg
(d) Street No. .....

3. Full name of child Graybill Mildred Undine
4. Date of birth 3/14/1904
5. Sex: Female
6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy .....
8. Mother married? yes

FATHER OF CHILD
9. Full name Graybill John Kline
10. Color or race White 11. Age at time of this birth 52 yrs.
12. Birthplace Ladoga, Indiana
13. Usual occupation Physician
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Magee Georgianna
16. Color or race White 17. Age at time of this birth 32 yrs.
18. Birthplace Clermont County, 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? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Spitler
Address Philipsburg, Ohio
M. D., midwife, or other .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Iva Pauline Hines

Case No. A-557

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Columbus, 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) West Mansfield, Ohio, York Tp.
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution none In this community lifetime

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) West Mansfield, York
(d) Street No.

3. Full name of child Hines, Iva Pauline
4. Date of birth Jan. 19, 1903
5. Sex: F.
6. Twin or triplet ... If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? Yes

FATHER OF CHILD
9. Full name Hines, Henry Wilson
10. Color or race W. 11. Age at time of this birth 38 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Dally, Rebecca Mae
16. Color or race W. 17. Age at time of this birth 30 yrs.
18. Birthplace Union County, 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? 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. H. M. Haas
Address West Mansfield, Ohio
M. D., midwife, or other

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 recording of this birth *as provided by law.*

Pauline Hines M cDonald
Applicant.

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.*

Pauline Hines McDonald
Applicant.

P. O. Address 411 Richards Road, Columbus, Ohio

Sworn to before me and signed in my presence this 18 *day of* Dec., *19* 43

Carrie W. Hornbeck
Deputy

(Seal)

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ..., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address ... *Attending Physician.*

Sworn to before me and signed in my presence this ... *day of* ..., *19* ....

The State of Ohio, Union **County, ss:**

I, Henry Wilson Hines, 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.*

Henry Wilson Hines

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 18 *day of* Dec., *19* 43.

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Rebecca Mae Hines, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Rebecca Mae Hines

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 18 *day of* Dec., *19* 43.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union **County, Ohio**

December 18, *19* 43

In the Matter of the Iva Pauline Hines

of Columbus, Ohio

Case No. A-557

ORDER FOR HEARING

This day Iva Pauline Hines *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, hearing dispensed with.

It is further ordered by The Court that ... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**
December 18, 19 43

In the Matter of the
REGISTRATION OF BIRTH
of Iva Pauline Hines

Case No. A-557

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Iva Pauline Hines
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 H. W. Hines, father and Rebecca Mae Hines, 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) West Mansfield, York Twp.
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution none In this community lifetime

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) West Mansfield York
(d) Street No.

3. Full name of child Hines, Iva Pauline
4. Date of birth Jan. 19, 1903
5. Sex: F.
6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Hines, Henry Wilson
10. Color or race W. 11. Age at time of this birth 38 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Dally, Rebecca Mae
16. Color or race W. 17. Age at time of this birth 30 yrs.
18. Birthplace Union County, 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? 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. H. M. Haas
Address West Mansfield, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Charles Byron Stickell

Case No. A-558

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) Claibourne Township
(c) Name of hospital or institution: Born at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 28 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Claibourne Township
(d) Street No.

3. Full name of child Stickell, Charles Byron

4. Date of birth Oct. 12, 1888

5. Sex: male

6. Twin or triplet no ... If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Stickell, Christopher Duncan
10. Color or race White 11. Age at time of this birth 33 yrs.
12. Birthplace Madison County, Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name McElroy, Rachel Margaret
16. Color or race White 17. Age at time of this birth 28 yrs.
18. Birthplace Claibourne Township, 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. W. B. Duke, M.D.
Address Richwood, 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 ..... as provided by law.

Charles Byron Stickell
Applicant.

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 Byron Stickell
Applicant.

P. O. Address .....

Sworn to before me and signed in my presence this 18 *day of* January, *19* 44.

F. LeRoy Allen
F. LeRoy Allen, Notary Public, St. of Ohio.
My commission expires 2/6/45

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... County, ss:

I, ..., do hereby certify that I was the physician in attendance at the birth of ....., the applicant herein, and that the facts stated in the application are true, as I verily believe.

P. O. Address ..... *Attending Physician.*

Sworn to before me and signed in my presence this ..... day of ....., 19.....

The State of Ohio, Union **County, ss:**

I, Mary M. Blain, 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. Blain

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 18 *day of* January, *19* 44.

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, F. C. Allen, 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.*

F. C. Allen

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 18 *day of* January, *19* 44.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union **County, Ohio**

January 18, *19* 44.

In the Matter of the registration of birth

of Charles Byron Stickell

Case No. A-558

ORDER FOR HEARING

This day Charles Byron Stickell *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 dispensed with.

It is further ordered by The Court that ..... be, and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

January 18, 1944

In the Matter of the
REGISTRATION OF BIRTH
of Charles Byron Stickell

Case No. A-558

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Charles Byron Stickell
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. C. Allen and Mary M. Blain, 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 Township
(c) Name of hospital or institution: Born at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 28 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Claibourne Township
(d) Street No.

3. Full name of child Stickell, Charles Byron

4. Date of birth Oct. 12, 1888

5. Sex: Male

6. Twin or triplet no If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Stickell, Christopher Duncan
10. Color or race white 11. Age at time of this birth 33 yrs.
12. Birthplace Madison County, Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name McElroy, Rachel Margaret
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Claibourne Township, 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. W. B. Duke, M.D.
Address Richwood, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Payton Alonzo Printz

Case No. A-559

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 312 East 4 St. Marysville, Ohio, *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) Peoria
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 4 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Peoria
(d) Street No.

3. Full name of child Printz, Payton Alonzo

4. Date of birth February 6, 1904

5. Sex: male

6. Twin or triplet no If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Printz, John Leonidas
10. Color or race white 11. Age at time of this birth 46 yrs.
12. Birthplace Hardin County, Ohio
13. Usual occupation carpenter
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Turner, Roxanne Claire
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Union County, 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? 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

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.*

Payton Alonzo Printz
Applicant.

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.*

Payton Alonzo Printz
Applicant.

P. O. Address 312 E. 4th St. Marysville, Ohio

Sworn to before me and signed in my presence this 29th *day of* February, *19*44.

Alnet Mayer
(Seal) Alnet Mayer, Notary Public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

The State of Ohio, Union **County, ss:**

I, Fannie Barry, aunter, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Fannie Barry

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* March, *19*44.

Betty Geer
(Seal) Deputy Clerk

The State of Ohio, Union **County, ss:**

I, Rosanne Printz, 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.*

Roxanna Clair Printz

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* March, *19*44.

Betty Geer
(Seal) Deputy Clerk

Probate Court, Union County, Ohio

March 2, *19*44

In the Matter of the registration of the birth of

of Payton Alonzo Printz

Case No. A-559

ORDER FOR HEARING

This day Payton Alonzo Printz *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 such hearing be dispensed with.

It is further ordered by The Court, that ..... *be, and hereby, is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

March 2, 19 44

In the Matter of the
REGISTRATION OF BIRTH
of Payton Alonzo Printz

Case No. A-559

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Payton Alonzo Printz
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 Roxanne Printz and Fannie Barry, 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) Peoria
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution..... In this community 4 yr.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Peoria
(d) Street No. .....

3. Full name of child Printz, Payton Alonzo

4. Date of birth February 6, 1904

5. Sex: male

6. Twin or triplet no; If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Printz, John Leonidas
10. Color or race white 11. Age at time of this birth 46 yrs.
12. Birthplace Hardin County, Ohio
13. Usual occupation carpenter
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Turner, Roxanne Claire
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Union County, 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? 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 .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Lula May Jolliff

Case No. A-563

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Chicago, Illinois ~~xxxxxx~~ *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) York Township
(c) Name of hospital or institution: None
(d) Mother's stay before delivery:
In hospital or institution ..... In this community life

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) York Township
(d) Street No.

3. Full name of child Jolliff, Lula May
4. Date of birth June 25, 1898
5. Sex: Female
6. Twin or triplet no ... If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Jolliff, Jesse
10. Color or race white 11. Age at time of this birth 47 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Farmer
14. Industry or business Farmer

MOTHER OF CHILD
15. Full maiden name Bosh, Mary Malinda
16. Color or race White 17. Age at time of this birth 36 yrs.
18. Birthplace Union County, Ohio
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? one
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Bonner (deceased)
Address
M. D., midwife, or other

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.*

Lula May Jolliff (Marcus)
Applicant.

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.*

Lula May Jolliff (Marcus)
Applicant.

P. O. Address Chicago, Illinois

Sworn to before me and signed in my presence this 14th *day of* March, *19*44.

Fearn M. Winkle
Fearn M. Winkle, Notary Public, Union County, Ohio
My commission expires July 8th, 1946

(Seal)

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

The State of Ohio, Union **County, ss:**

I, Robert A. Ports, Sr., *do hereby certify that 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 A. Ports, Sr.

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 14th *day of* March, *19*44.

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, James Bosh, 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.*

James Bosh

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 14th *day of* March, *19*44.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union **County, Ohio**

March 14, *19*44

In the Matter of the registration of birth of

of Lula May Jolliff

Case No. A-563

ORDER FOR HEARING

This day Lula May 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 notice thereof dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**
March 14th, 1944

In the Matter of the
REGISTRATION OF BIRTH
of Lula May Jolliff

Case No. A-563

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lula May Jolliff
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 Robert Ports and James Bosh, 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
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution..... In this community life

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) York Township
(d) Street No. .....

3. Full name of child Jolliff, Lula May
4. Date of birth June 25, 1898
5. Sex: Female
6. Twin or triplet no; If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Jolliff, Jesse
10. Color or race White 11. Age at time of this birth 47 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Farmer
14. Industry or business Farmer

MOTHER OF CHILD
15. Full maiden name Bosh, Mary Malinda
16. Color or race white 17. Age at time of this birth 36 yrs.
18. Birthplace Union County, Ohio
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? one
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Bonner (deceased)
Address .....
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Esther Marie Norris

Case No. A-564

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Richwood xxx *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) Taylor Township
(c) Name of hospital or institution: At home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 31 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Taylor Township
(d) Street No. .....

3. Full name of child Norris, Esther Marie

4. Date of birth Dec. 4, 1911

5. Sex: Female

6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Norris, Egbert
10. Color or race White 11. Age at time of this birth 35 yrs.
12. Birthplace Taylor Township, Union Co.
13. Usual occupation Farming
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Cassidy, Clara Catherine
16. Color or race White 17. Age at time of this birth 31 yrs.
18. Birthplace Claibourne Twp. Union Co.
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. Charles Thompson, deceased
Address York Center, Ohio
.....
M. D., midwife, or other .....

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.*

Esther Marie Wheeler
Applicant.

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 Marie Wheeler
Applicant.

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 16th *day of* March, *19* 44.

Carrie W. Hornbeck
Deputy

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

The State of Ohio, Union **County, ss:**

I, Frank Norris, uncle of Esther Marie Norris, *do hereby certify that 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 Norris

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 16th *day of* March, *19* 44.

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Clara C. Norris, mother of Esther Marie Norris, *do hereby certify that 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 C. Norris

P. O. Address Claibourne, Ohio

Sworn to before me and signed in my presence this 16th *day of* March, *19* 44.

Carrie W. Hornbeck
Deputy Clerk

(Seal)

Probate Court, Union County, Ohio

March 16, *19* 44.

In the Matter of the registration of birth

of Esther Marie Norris

Case No. A-564

ORDER FOR HEARING

This day Esther Marie Norris *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 thereof be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

March 16, *19* 44

In the Matter of the
REGISTRATION OF BIRTH
of Esther Marie Norris

Case No. A-564 ✓

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Esther Marie Norris *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 Norris and Frank Norris, 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
(c) Name of hospital or institution: At home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 31 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Taylor Township
(d) Street No. .....

3. Full name of child Norris, Estner Marie
4. Date of birth Dec. 4, 1911
5. Sex: Female
6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Norris, Egbert
10. Color or race White 11. Age at time of this birth 35 yrs.
12. Birthplace Taylor Twp. Union Co.
13. Usual occupation Farming
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Cassidy, Clara Catherine
16. Color or race White 17. Age at time of this birth 31 yrs.
18. Birthplace Claibourne Twp. Union Co.
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. Charles Thompson, Deceased
Address York Center, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., *19*.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Edna Ruth Hamilton

Case No. A-566

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Columbus ~~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 Twp.
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 23 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson Twp.
(d) Street No.

3. Full name of child Hamilton, Edna Ruth

4. Date of birth 6/30/15

5. Sex: female

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hamilton, Willard Waldo
10. Color or race white 11. Age at time of this birth 32 yrs.
12. Birthplace Lawrence County, Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Carmine, Jessie Myrtle
16. Color or race white 17. Age at time of this birth 23 yrs.
18. Birthplace Jackson Twp. Union Co. O.
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. Gast
Address Prospect (now deceased)
M. D., midwife, or other

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.*

Edna Ruth Herbert
Applicant.

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 Ruth Herbert
Applicant.

P. O. Address 343 E. Weber Rd. Col. O.

Sworn to before me and signed in my presence this 23 *day of* March, *19* 44

Carrie W. Hornbeck
Deputy

(Seal)

AFFIDAVIT

Probate Court, County, Ohio

In the Matter of the

of

The State of Ohio, County, ss:

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Willard Waldo 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.*

Willard Waldo Hamilton

P. O. Address Richwood, O. R. 1

Sworn to before me and signed in my presence this 23rd *day of* March, *19* 44.

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union County, ss:

I, Jessie Myrtle 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.*

Jessie Myrtle Hamilton

P. O. Address Richwood, O. R. 1

Sworn to before me and signed in my presence this 23 *day of* March, *19* 44.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

March 23, 1944

In the Matter of the registration of birth

of Edna Ruth Hamilton

Case No. A-566

ORDER FOR HEARING

This day Edna Ruth 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

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

March 23, 19 44

In the Matter of the
REGISTRATION OF BIRTH
of Edna Ruth Hamilton

Case No. A-566

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Edna Ruth 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 Willard Waldo Hamilton and Jessie Myrtle Hamilton, crediblewitnesses; *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 Twp.
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 23 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson Twp.
(d) Street No. .....

3. Full name of child Hamilton, Edna Ruth

4. Date of birth 6/30/1915

5. Sex: female

6. Twin or triplet single If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Hamilton, Willard Waldo
10. Color or race white 11. Age at time of this birth 32 yrs.
12. Birthplace Lawrence Co. O.
13. Usual occupation farmer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Carmine, Jessie Myrtle
16. Color or race white 17. Age at time of this birth 23 yrs.
18. Birthplace Jackson Twp. Union Co. O.
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. Gast
Address Prospect, O. (now deceased)
.....
M. D., midwife, or other .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Florence Mae Amrine

Case No. A-569

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, Ohio
(c) Name of hospital or institution: home- Route # 4, Marysville, Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 30 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville, Ohio
(d) Street No. Route # 4

3. Full name of child Amrine, Florence Mae

4. Date of birth 11-21-1919

5. Sex: Female

6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy nine

8. Mother married? yes

FATHER OF CHILD

9. Full name Amrine, Arthur
10. Color or race white 11. Age at time of this birth 35 yrs.
12. Birthplace Marysville, Ohio
13. Usual occupation Farming
14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Shirk, Rachael Anna
16. Color or race white 17. Age at time of this birth 31 yrs.
18. Birthplace Champaign Co. Ohio
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? 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. C. A. Thompson
Address Raymond, Ohio
M. D., midwife, or other .....

Your applicant further represents that the registration of her *birth* has not been recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth, *as provided by law.*

Florence Mae Amrine 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 she *verily believes.*

Florence Mae Amrine Gray
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 8th *day of* April, *19* 44.

William L. Coleman
Notary Public, State of Ohio

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... County, ss:

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

The State of Ohio, Union County, ss:

I, Rachael Anna Amrine, 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.*

Rachael Anna Amrine

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 8th *day of* April, *19* 44.

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union County, ss:

I, Telitha Jane Shirk, grand-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.*

Telitha J. Shirk

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 8th *day of* April, *19* 44.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

April 8, 44

In the Matter of the registration of birth

of Florence Mae Amrine

Case No. A-569

ORDER FOR HEARING

This day Florence Mae Amrine *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

April 8, 19 44

In the Matter of the
REGISTRATION OF BIRTH
of Florence Mae Amrine

Case No. A-569

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Florence Mae Amrine
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* Rachael Anna Amrine and Telitha Jane Shirk, 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
(c) Name of hospital or institution:
Route # 4, Marysville, Ohio, home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 30 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville, Ohio
(d) Street No. Route # 4

3. Full name of child Amrine, Florence Mae

4. Date of birth 11-21-1919

5. Sex: Female

6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy nine

8. Mother married? yes

FATHER OF CHILD
9. Full name Amrine, Arthur
10. Color or race White 11. Age at time of this birth 35 yrs.
12. Birthplace Marysville, Ohio
13. Usual occupation Farming
14. Industry or business Farming

MOTHER OF CHILD
15. Full maiden name Shirk, Rachael Anna
16. Color or race White 17. Age at time of this birth 31 yrs.
18. Birthplace Champaign Co. Ohio
19. Usual occupation house-wife
20. Industry or business none

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? one
(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.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Mary Louise Coder

Case No. A-570 ✓

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 624 W.4th St.Marysville~~xxx~~ *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) Village of Marysville
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 22 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No.

3. Full name of child Coder, Mary Louise

4. Date of birth May 9th., 1918

5. Sex: Female

6. Twin or triplet no If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Coder, Elmer Wesley
10. Color or race White 11. Age at time of this birth 24 yrs.
12. Birthplace Washington Township, Union Co.
13. Usual occupation Laborer
14. Industry or business Laborer

MOTHER OF CHILD

15. Full maiden name Turner, Mary Mae
16. Color or race White 17. Age at time of this birth 22 yrs.
18. Birthplace Marysville, Union County, Ohio
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. C. D. Mills (deceased)
Address
M. D., midwife, or other

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 Louise Coder Bigelow
Applicant.

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 Coder Bigelow
Applicant.

P. O. Address 624 West Fourth St. Marysville, O.

Sworn to before me and signed in my presence this 7th *day of* April, *19* 44

(Seal)

Fearn M. Winkle
Fearn M. Winkle, Notary Public, Union County, Ohio. Commission expires July 8, 1946

AFFIDAVIT

Probate Court, County, Ohio

In the Matter of the

of

The State of Ohio, County, ss:

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address

Attending Physician.

Sworn to before me and signed in my presence this *day of* , *19*

(Seal)

The State of Ohio, Union **County, ss:**

I, Elmer Wesley Coder, 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.*

Elmer Wesley Coder

P. O. Address 624 W. 4th St. Marysville, O.

Sworn to before me and signed in my presence this 10th *day of* April, *19* 44

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Mary Mae Coder, 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 Mae Coder

P. O. Address 624 W. 4th St. Marysville, Ohio

Sworn to before me and signed in my presence this 10th *day of* April, *19* 44

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

April 10, *19* 44

In the Matter of the registration of birth

of Mary Louise Coder

Case No. A-570

ORDER FOR HEARING

This day Mary Louise Coder *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 ////////////

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

April 10th, *19* 44

In the Matter of the
REGISTRATION OF BIRTH
of Mary Louise Coder

Case No. A-570

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Mary Louise Coder *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 Elmer Wesley Coder and Mary Mae Coder, 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) Village of Marysville
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution..... In this community 22 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No. .....

3. Full name of child Coder, Mary Louise

4. Date of birth May 9th, 1918

5. Sex: Female

6. Twin or triplet no If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Coder, Elmer Wesley
10. Color or race White 11. Age at time of this birth 24 yrs.
12. Birthplace Washington Township, Union Co.
13. Usual occupation Laborer
14. Industry or business Laborer

MOTHER OF CHILD
15. Full maiden name Turner, Mary Mae
16. Color or race White 17. Age at time of this birth 22 yrs.
18. Birthplace Marysville, Union County, Ohio
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. C. D. Mills (deceased)
Address .....
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., *19*.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of the birth

of Katherine Louise Bailey

Case No. A-577

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Columbus, ~~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) Darby
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 31 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Darby
(d) Street No.

3. Full name of child Bailey, Katherine Louise

4. Date of birth Feb. 6, 1918

5. Sex: Female

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Bailey, Elton Delmore
10. Color or race White 11. Age at time of this birth 29 yrs.
12. Birthplace Madison Co., Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Watson, Autie May
16. Color or race White 17. Age at time of this birth 31 yrs.
18. Birthplace Union County, 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? 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. W. D. Gardener, deceased
Address Plain City, Ohio
M. D., midwife, or other

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.*

Katherine Louise Litsinberger
Applicant.

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.*

Katherine Louise Bailey
Applicant.

P. O. Address Columbus, Ohio

Sworn to before me and signed in my presence this 17 *day of* May, *19* 44

Carrie W. Hornbeck
Deputy

(Seal)

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Claude Bailey, uncle of Katherine Louise 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.*

Claude Bailey

P. O. Address Unionville Center, Ohio

Sworn to before me and signed in my presence this 17th *day of* May, *19* 44.

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Clara Bailey, aunt of Katherine Louise 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.*

Clara Bailey

P. O. Address Unionville Center, Ohio

Sworn to before me and signed in my presence this 17th *day of* May, *19* 44.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union **County, Ohio**

May 17, *19* 44

In the Matter of the registration of birth

of Katherine Louise Bailey

Case No. A-577

ORDER FOR HEARING

This day Katherine Louise Bailey *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 hearing dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

In the Matter of the
REGISTRATION OF BIRTH
of Katnerine Louise Bailey

May 17, 19 44

Case No. A-577

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Katherine Louise Bailey
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 Claude Bailey, her uncle, and Clara Bailey, her aunt, 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
(c) Name of hospital or institution: At home.
(d) Mother's stay before delivery:
In hospital or institution..... In this community 31 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Darby
(d) Street No.

3. Full name of child Bailey, Katherine Louise
4. Date of birth Feb.6,1918
5. Sex: Female
6. Twin or triplet single; If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Bailey, Elton Delmore
10. Color or race White 11. Age at time of this birth 29 yrs.
12. Birthplace Madison County, Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Watson, Autie May
16. Color or race White 17. Age at time of this birth 31 yrs.
18. Birthplace Union County, 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? 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. W. D. Gardener, deceased
Address Plain City, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of the birth

of James Marion Snodgrass

Case No. A-578

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville XXXXX *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
(c) Name of hospital or institution: At home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 20 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No.

3. Full name of child Snodgrass, James Marion

4. Date of birth May 3, 1908

5. Sex: Male

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Snodgrass, William H.
10. Color or race White 11. Age at time of this birth 32 yrs.
12. Birthplace Champaign Co., Ohio
13. Usual occupation Coal & grain bus. operator
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Hopkins, Clara H.
16. Color or race White 17. Age at time of this birth 31 yrs.
18. Birthplace St. Petersburg, Pa.
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.D. Mills, deceased
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 Marion Snodgrass
Applicant.

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 Marion Snodgrass
Applicant.

P. O. Address 270 Elm St. Oberlin, Ohio

Sworn to before me and signed in my presence this 17th *day of* May, *19* 44

(Seal)

Dudley P. Barnard
Dudley P. Barnard, Notary Public
My commission expires July 22, 1944

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ... *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....

Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19* .....

(Seal)

The State of Ohio, Union **County, ss:**

I, William H. Snodgrass, father of James Marion Snodgrass, *do hereby certify that 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 H. Snodgrass

P. O. Address Marysville

Sworn to before me and signed in my presence this 18 *day of* May, *19* 44

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Clara H. Snodgrass, motner of James Marion Snodgrass, *do hereby certify that 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 H. Snodgrass

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 18 *day of* May, *19* 44

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union **County, Ohio**

May 18, *19* 44

In the Matter of the registration of birth

of James Marion Snodgrass

Case No. A-578

ORDER FOR HEARING

This day James Marion Snodgrass *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 hearing dispensed with.

It is further ordered by The Court that ..... *be, and hereby, is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

May 18, 19 44

In the Matter of the
REGISTRATION OF BIRTH
of James Marion Snodgrass

Case No. A-578

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of James Marion Snodgrass
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 H. Snodgrass, the father, and Clara H. Snodgrass, 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
(c) Name of hospital or institution: At home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 20 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No. .....

3. Full name of child Snodgrass, James Marion
4. Date of birth May 3, 1908
5. Sex: Male
6. Twin or triplet single; If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Snodgrass, William H.
10. Color or race White 11. Age at time of this birth 32 yrs.
12. Birthplace Champaign Co., Ohio
13. Usual occupation Coal & grain business
14. Industry or business operator

MOTHER OF CHILD
15. Full maiden name Hopkins, Clara H.
16. Color or race White 17. Age at time of this birth 31 yrs.
18. Birthplace St. Petersburg, Pa.
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. D. Mills, deceased
Address Marysville, Ohio
.....
M. D., midwife, or other .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Margaret Ellen Perry

Case No. A-579

APPLICATION

Your applicant respectfully represents that she *was born in* Delaware *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 Delaware
(b) Radnor Township
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 2 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Delaware
(c) Radnor Township
(d) Street No.

3. Full name of child Perry, Margaret Ellen

4. Date of birth Jan. 23, 1927

5. Sex: Female

6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy nine

8. Mother married? yes

FATHER OF CHILD
9. Full name Perry, Maurice Raymond
10. Color or race White 11. Age at time of this birth 28 yrs.
12. Birthplace Perry County, Ohio
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD
15. Full maiden name Calvert, Cleo Marvine
16. Color or race White 17. Age at time of this birth 24 yrs.
18. Birthplace Pickaway County, Ohio
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

22. Attending Physician or Midwife:
Name Dr. Gast
Address Prospect, Ohio
M. D., midwife, or other

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.*

Margaret Ellen Perry
Applicant.

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.*

Margaret Ellen Perry
Applicant.

P. O. Address Route #3, Marysville, Ohio

Sworn to before me and signed in my presence this 23rd *day of* May, *19* 44

Anne Spees
Notary Public, Union County, Ohio

(Seal)

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address ..... *Attending Physician.*

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, Union **County, ss:**

I, Cora E. Davis, Great Aunt, (Attending Nurse), *do hereby certify that 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 E. Davis

P. O. Address 223 Oak St. Bremen, Ohio

Sworn to before me and signed in my presence this 23rd *day of* May, *19* 44

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Cleo Marvine Perry, 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.*

Cleo Marvine Perry

P. O. Address Route # 3, Marysville, Ohio

Sworn to before me and signed in my presence this 23rd *day of* May, *19* 44

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union **County, Ohio**

May 23, *19* 44

In the Matter of the registration of birth

of Margaret Ellen Perry

Case No. A-579

ORDER FOR HEARING

This day Margaret Ellen Perry *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 hearing dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

In the Matter of the
REGISTRATION OF BIRTH
of Margaret Ellen Perry

May 23, 19 44

Case No. A-579

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Margaret Ellen Perry *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 the nurse in attendance and Marvine Cleo Calvert, another 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 Delaware
(b) Radnor Township
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 2 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Delaware
(c) Radnor Township
(d) Street No. .....

3. Full name of child Perry, Margaret Ellen
4. Date of birth Jan. 23, 1927
5. Sex: Female
6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy nine
8. Mother married? Yes

FATHER OF CHILD
9. Full name Perry, Maurice Raymond
10. Color or race White 11. Age at time of this birth 28 yrs.
12. Birthplace Perry County, Ohio
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD
15. Full maiden name Calvert, Cleo Marvine
16. Color or race White 17. Age at time of this birth 24 yrs.
18. Birthplace Pickaway County, Ohio
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

22. Attending Physician or Midwife:
Name Dr. Gast
Address Prospect, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

.....*, 19.....*

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-11—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of Birth

of May Spurling

Case No. A-580

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Jeffersonville, Indiana~~xxxxxx~~ *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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 2 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No.

3. Full name of child Spurling, May
4. Date of birth Feb. 15, 1884
5. Sex: F.
6. Twin or triplet single If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Spurling, Robert
10. Color or race White 11. Age at time of this birth 54 yrs.
12. Birthplace Romney, West Virginia
13. Usual occupation tailor
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Wilson, Allie M.
16. Color or race White 17. Age at time of this birth 24 yrs.
18. Birthplace Jersey City, Missouri
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. F. White
Address Marysville, Ohio
M. D., midwife, or other

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.*

May Spurling Morris
Applicant.

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.*

May Spurling Morris
Applicant.

P. O. Address 705 Meigs Avenue, Jeffersonville, Ind.

Sworn to before me and signed in my presence this 24 *day of* May, *19* 44

(Seal)

Clifton L. Caryl
Clifton L. Caryl, Notary Public, State of Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, Union **County, ss:**

I, Luella A. White, 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.*

Luella A. White

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 25 *day of* May, *19* 44

(Seal)

Carrie W. Hornbeck
Deputy

The State of Ohio, Union **County, ss:**

I, Louis F. Otte, 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.*

Louis F. Otte

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 25 *day of* May, *19* 44

(Seal)

Carrie W. Hornbeck
Deputy

Probate Court, Union County, Ohio

May 25, *19* 44

In the Matter of the registration of birth

of May Spurling

Case No. A-580

ORDER FOR HEARING

This day May Spurling *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

May 25, 1944

In the Matter of the
REGISTRATION OF BIRTH
of May Spurling

Case No. A-580

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of May Spurling
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 Luella A. White and Louis F. Otte, 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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 2 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No.

3. Full name of child Spurling, May
4. Date of birth Feb. 15, 1884
5. Sex: F.
6. Twin or triplet single; If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Spurling, Robert
10. Color or race White 11. Age at time of this birth 54 yrs.
12. Birthplace Romney, West Virginia
13. Usual occupation tailor
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Wilson, Allie M.
16. Color or race White 17. Age at time of this birth 24 yrs.
18. Birthplace Jersey City, Missouri
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. F. White
Address Marysville, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Clifford LeRoy Herd

Case No. A-581

APPLICATION

Your applicant respectfully represents that ge *was born in* Union *County, Ohio; that* he *now resides in* Route #5, South Akron ~~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
(c) Name of hospital or institution: no
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 33 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg
(d) Street No.

3. Full name of child Herd, Clifford LeRoy
4. Date of birth July 14, 1907
5. Sex: male
6. Twin or triplet no If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Herd, Clayton
10. Color or race White 11. Age at time of this birth 35 yrs.
12. Birthplace Johnson County, Missouri
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Turner, Estella
16. Color or race White 17. Age at time of this birth 33 yrs.
18. Birthplace Peoria, 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? 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. J. F. Conrad
Address Magnetic Springs, 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.*

Clifford LeRoy Herd
Applicant.

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.*

Clifford LeRoy Herd
Applicant.

P. O. Address Rt. #5, South Akron, Ohio

Sworn to before me and signed in my presence this 26th *day of* May, *19* 44

Alnet Mayer
Alnet Mayer, Notary Public

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

.....

The State of Ohio, Union **County, ss:**

I, Jessie Copeland, 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.*

Jessie Copeland

P. O. Address Magnetic Springs, Ohio

Sworn to before me and signed in my presence this 26th *day of* May, *19* 44.

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Lula Wright, 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.*

Lula Wright

P. O. Address Magnetic Springs, Ohio

Sworn to before me and signed in my presence this 26th *day of* May, *19* 44.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, UNION County, Ohio

May 26, *19* 44

In the Matter of the registration of the birth

of Clifford LeRoy Herd

Case No. A-581

ORDER FOR HEARING

This day Clifford LeRoy Herd *appeared in open court and filed an application for the* registration of his 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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

Sworn to before me and signed in my presence, this.....day of....., 19.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

May 26, 1944

In the Matter of the
REGISTRATION OF BIRTH
of Clifford LeRoy Herd

Case No. A-581

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Clifford LeRoy Herd *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* Jessie Copeland and Lula Wright, friends 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) Leesburg
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 33 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg
(d) Street No.

3. Full name of child Herd, Clifford LeRoy

4. Date of birth July 14, 1907

5. Sex: male

6. Twin or triplet no; If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Herd, Clayton
10. Color or race White 11. Age at time of this birth 35 yrs.
12. Birthplace Johnson County, Missouri
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Turner, Estella
16. Color or race White 17. Age at time of this birth 33 yrs.
18. Birthplace Peoria, 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? 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. J. F. Conrad
Address Magnetic Springs, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Frank Howard Gibson

Case No. A-583

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) Washington Twp.
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 1 yr.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Washington Township
(d) Street No.

3. Full name of child Gibson, Frank Howard
4. Date of birth June 7, 1899
5. Sex: M.
6. Twin or triplet single If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Gibson, James Howard
10. Color or race White 11. Age at time of this birth 32 yrs.
12. Birthplace Madison County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Vance, Laura E.
16. Color or race White 17. Age at time of this birth 22 yrs.
18. Birthplace Franklin County, 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. Miller
Address Byhalia, 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.*

Frank Howard 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.*

Frank Howard Gibson
Applicant.

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 1st *day of* June, *19* 44.

Mildred L. Fladt
Notary Public, Union County, Ohio

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Leona Gibson Lingrel, 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.*

Leona Gibson Lingrel

P. O. Address .....

Sworn to before me and signed in my presence this 1st *day of* June, *19* 44

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, William Ross Borden, 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.*

William Ross Borden

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 1st *day of* June, *19* 44

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

June 1, *19* 44

In the Matter of the registration of birth

of Frank Howard Gibson

Case No. A-583

ORDER FOR HEARING

This day Frank Howard 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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

June 1, 19 44

In the Matter of the
REGISTRATION OF BIRTH
of Frank Howard Gibson

Case No. A-583

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Frank Howard 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 Leona Gibson Lingrel, sister, and William Ross Borden, friend, 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 Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 1 yr.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Washington Township
(d) Street No.

3. Full name of child Gibson, Frank Howard

4. Date of birth June 7, 1899

5. Sex: M.

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Gibson, James Howard
10. Color or race White 11. Age at time of this birth 32 yrs.
12. Birthplace Madison County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Vance, Laura E.
16. Color or race White 17. Age at time of this birth 22 yrs.
18. Birthplace Franklin County, 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. Miller
Address Byhalia, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of the birth

of Bessie Craig

Case No. A-585

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Toledo, xxxxx, *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
(c) Name of hospital or institution: At home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 2 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson
(d) Street No. .....

3. Full name of child Craig, Bessie

4. Date of birth Apr. 12, 1886

5. Sex: Female

6. Twin or triplet single If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Craig, William Morgan
10. Color or race White 11. Age at time of this birth 66 yrs.
12. Birthplace Hagerstown, Maryland
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Lang, Frances Jane
16. Color or race White 17. Age at time of this birth 32 yrs.
18. Birthplace McKeesport, Pa.
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. Duke, now deceased
Address Richwood, Ohio
.....
M. D., midwife, or other .....

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 herbirth, *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.*

Mrs. Thomas W. Brown
Applicant.

P. O. Address 3377 Lagrange St. Toledo, Ohio

Sworn to before me and signed in my presence this 10th *day of* June, 1944

Carrie W. Hornbeck
Deputy

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....

Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

.....

.....

The State of Ohio, Union **County, ss:**

I, Anson Parish, 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.*

Anson Parish

P. O. Address Marion, Ohio, R#3

Sworn to before me and signed in my presence this 10th *day of* June, 19 44

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, A. D. Parish, 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.*

A. D. Parish

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 10th *day of* June, 19 44

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union County, Ohio

June 10, 1944

In the Matter of the registration of birth

of Bessie Craig

Case No. A-585

ORDER FOR HEARING

This day Bessie Craig Brown *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 dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

June 10th, *19* 44

In the Matter of the
REGISTRATION OF BIRTH
of Bessie Craig

Case No. A-585

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Bessie Craig *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 Anson Parish and A.D. Parish, 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
(c) Name of hospital or institution: At home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 2 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson
(d) Street No. .....

3. Full name of child Craig, Bessie

4. Date of birth Apr. 12, 1886

5. Sex: Female

6. Twin or triplet single If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Craig, William Morgan
10. Color or race White 11. Age at time of this birth 66 yrs.
12. Birthplace Hagerstown, Maryland
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Lang, Frances Jane
16. Color or race White 17. Age at time of this birth 32 yrs.
18. Birthplace McKeesport, Pa.
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. Duke, now deceased
Address Richwood, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., *19*.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of birth

of Clarence Monroe Spees

Case No. A-586

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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Dover Township
(d) Street No.

3. Full name of child Spees Clarence Monroe

4. Date of birth 3-30-1913

5. Sex: Male

6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Spees Willard Nye
10. Color or race White 11. Age at time of this birth 34 yrs.
12. Birthplace Delaware County, Ohio
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Filler Lora Belle
16. Color or race White 17. Age at time of this birth 38 yrs.
18. Birthplace Union County, 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? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. A. B. Swisher
Address Marysvill3, 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.*

Clarence Monroe Spees
Applicant.

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 Monroe Spees
Applicant.

P. O. Address 224 W 5th St, Marysville, Ohio

Sworn to before me and signed in my presence this 15 *day of* June, *19* 44

Anne Spees, Notary Public Union County, Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, Union **County, ss:**

I, Willard N. Spees, *do hereby certify that 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 N. Spees

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 15 *day of* June, *19* 44

Anne Spees, Notary Public Union County, Ohio

The State of Ohio, Union **County, ss:**

I, Lora B. Spees, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lora B. Spees

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 15 *day of* June, *19* 44

Anne Spees, Notary Public Union County, Ohio

Probate Court, Union County, Ohio

June 16, *19* 44

In the Matter of the Registration of birth

of Clarence Monroe Spees

Case No. A-586

ORDER FOR HEARING

This day Clarence Monroe Spees *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 [illegible] *appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

June 16, 1944

In the Matter of the
REGISTRATION OF BIRTH
of Clarence Monroe Spees

Case No. A-586

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Clarence Monroe Spees *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 father and 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) Dover Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Dover Township
(d) Street No.

3. Full name of child Spees Clarence Monroe
4. Date of birth 3-30-1913
5. Sex: Male
6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Spees Willard Nye
10. Color or race White 11. Age at time of this birth 34 yrs.
12. Birthplace Delaware County, Ohio
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Filler Lora Belle
16. Color or race white 17. Age at time of this birth 38 yrs.
18. Birthplace Union County, 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? 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.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of an omitted birth

of Bertha Cornelia Dunn

Case No. A-587

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Vancouver, Washington xxxxxxxx *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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 10 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No.

3. Full name of child Dunn, Bertha Cornelia

4. Date of birth Dec. 23, 1880

5. Sex: female

6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Dunn, Jeremiah Mason
10. Color or race white 11. Age at time of this birth 50 yrs.
12. Birthplace Knox Ohio
13. Usual occupation Lawyer
14. Industry or business Hardware

MOTHER OF CHILD

15. Full maiden name Snyder, Harriet Annette
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Mt. Gilead, Morrow Ohio
19. Usual occupation wife
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? none

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other .....

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 Cornelia Dunn Hyde
Applicant.

The State of Ohio, Washington, Clark **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Bertha Cornelia Dunn Hyde
Applicant.

P. O. Address Franklin Court Apts. Vancouver, Wash.

Sworn to before me and signed in my presence this 16th *day of* May *19* 44

(Seal)

Paul Elwell
Notary Public in and for the State of Washington, residing at Vancouver therein.

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....

Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19* .....

The State of Ohio, Pennsylvania, Lawrence **County, ss:**

I, Jerry Jay Dunn, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Jerry Jay Dunn

P. O. Address Ellwood City, Penna.

Sworn to before me and signed in my presence this 29th *day of* May, *19* 44

(Seal)

Jos. W. Humphrey
Commission expires Jan. 24, 1945

The State of Ohio, Morrow **County, ss:**

I, Benj. Olds, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Benj. Olds

P. O. Address Mt. Gilead, Ohio

Sworn to before me and signed in my presence this 27th *day of* June, *19* 44

(Seal)

Virginia Emswiler
Virginia Emswiler, Notary Public
My comm. ex. 6/11/46

Probate Court, Union **County, Ohio**

July 31, *19* 44

In the Matter of the registration of birth

of Bertha Cornelia Dunn

Case No. A-587

ORDER FOR HEARING

This day Bertha Cornelia Dunn Hyde *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 Master Commissioner to take sworn testimony in said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

July 31, 19 44

In the Matter of the
REGISTRATION OF BIRTH
of Bertha Cornelia Dunn

Case No. A-587

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Bertha Cornelia Dunn *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 affidavits of Jerry Jay Dunn and Benj. Olds, 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) Marysville
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 10 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No.

3. Full name of child Dunn, Bertha Cornelia
4. Date of birth Dec. 23, 1880
5. Sex: female
6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Dunn, Jeremiah Mason
10. Color or race White 11. Age at time of this birth 50 yrs.
12. Birthplace Knox Co. Ohio
13. Usual occupation lawyer
14. Industry or business hardware

MOTHER OF CHILD
15. Full maiden name Snyder, Harriet Annette
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Mt. Gilead, Morrow 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? 1
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name unknown
Address .....
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Earl Wade Ellis

Case No. A-588

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Rockford, Illinois *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
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution ..... In this community life

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Dover Township
(d) Street No.

3. Full name of child Ellis, Earl Wade
4. Date of birth 3/4/1911
5. Sex: Male
6. Twin or triplet no If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Ellis, Henry Benjamin
10. Color or race White 11. Age at time of this birth 29 yrs.
12. Birthplace Franklin County, Ohio
13. Usual occupation Farmer
14. Industry or business Farmer

MOTHER OF CHILD
15. Full maiden name Barr, Lucindie
16. Color or race White 17. Age at time of this birth 28 yrs.
18. Birthplace Union County, Ohio
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? one
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Fay (deceased)
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 the registration of his birth *as provided by law.*

Earl Wade Ellis
Applicant.

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 Wade Ellis
Applicant.

P. O. Address Rockford, Illinois

Sworn to before me and signed in my presence this 3rd *day of* August, *19* 44

(Seal)

Fearn M. Winkle
Notary Public, Union County, Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, Union **County, ss:**

I, Henry Benjamin Ellis, 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.*

Henry B. Ellis

P. O. Address Marysville, Ohio, R. #3

Sworn to before me and signed in my presence this 3rd *day of* August, *19* 44

(Seal)

Carrie W. Hornbeck
Deputy

The State of Ohio, Union **County, ss:**

I, James H. Gay, 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.*

James H. Gay

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 3rd *day of* August, *19* 44

(Seal)

Carrie W. Hornbeck
Deputy

Probate Court, Union County, Ohio

August 3, *19* 44

In the Matter of the registration of birth

of Earl Wade Ellis

Case No. A-588

ORDER FOR HEARING

This day Earl Wade Ellis *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 dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 3rd, 19 44

In the Matter of the
REGISTRATION OF BIRTH
of Earl Wade Ellis

Case No. A-588

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Earl Wade Ellis
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 Benjamin Ellis and James H. Gay, 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) Dover Township
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution..... In this community life

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Dover Township
(d) Street No.

3. Full name of child Ellis, Earl Wade
4. Date of birth 3/4/1911
5. Sex: Male
6. Twin or triplet no; If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married yes

FATHER OF CHILD
9. Full name Ellis, Henry Benjamin
10. Color or race White 11. Age at time of this birth 29 yrs.
12. Birthplace Franklin County, Ohio
13. Usual occupation Farmer
14. Industry or business Farmer

MOTHER OF CHILD
15. Full maiden name Barr, Lucindie
16. Color or race White 17. Age at time of this birth 28 yrs.
18. Birthplace Union County, Ohio
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?.....
(b) 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. Fay (deceased)
Address .....
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the
In the Matter of the registration of the birth
of James Orlen Gordon

Case No. A-589

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Elcajon, California ~~XXXXXX~~ *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
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 37 yr.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No.

3. Full name of child Gordon, James Orlen

4. Date of birth July 25, 1905

5. Sex: male

6. Twin or triplet no If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Gordon, Otis D.
10. Color or race White 11. Age at time of this birth 35 yrs.
12. Birthplace Logan County, Ohio
13. Usual occupation horseman
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Northrup, Calla --
16. Color or race White 17. Age at time of this birth 37 yrs.
18. Birthplace Union County, 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? 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. P. D. Longbrake
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 Orlen Gordon
Applicant.

The State of Ohio, ~~X~~ California, San Diego **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

James Orlen Gordon
Applicant.

P. O. Address Box 7 A 1, Rte.1, Elcajon, California

Sworn to before me and signed in my presence this 7 *day of* August, *19* 44

(Seal)

Susan B. Anthony
Notary Public. My commission expires Aug. 12, 1945

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....
of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address ..... *Attending Physician.*

Sworn to before me and signed in my presence this ..... *day of* ....., *19* .....

The State of Ohio, Union **County, ss:**

I, Otis D. Gordon, 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.*

Otis D. Gordon

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 10th *day of* August, *19* 44

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Calla Northrup Gordon, 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.*

Calla Northrup Gordon

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 10th *day of* August, *19* 44

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union **County, Ohio**

August 10th, *19* 44.

In the Matter of the Registration of the birth
of James Orlen Gordon

Case No. A-589

ORDER FOR HEARING

This day James Orlen Gordon *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

In the Matter of the
REGISTRATION OF BIRTH
of James Orlen Gordon

Case No. A-589

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of James Orlen Gordon
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 Otis D. Gordon and Calla Northrup Gordon, his mother and 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
(c) Name of hospital or institution: no
(d) Mother's stay before delivery:
In hospital or institution..... In this community 37 yr.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No.

3. Full name of child Gordon, James Orlen

4. Date of birth July 25, 1905

5. Sex: male

6. Twin or triplet no If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Gordon, Otis D.
10. Color or race White 11. Age at time of this birth 35 yrs.
12. Birthplace Logan County, Ohio
13. Usual occupation horseman
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Northrup, Calla --
16. Color or race White 17. Age at time of this birth 37 yrs.
18. Birthplace Union County, 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? 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. P. D. Longbrake
Address Marysville, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of the birth

of Orlando Buell Yoder

Case No. A-590

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Route #3, Marysville ~~xxxx~~ *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
(c) Name of hospital or institution: no
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 32 yr.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg
(d) Street No.

3. Full name of child Yoder, Orlando Buell

4. Date of birth February 3, 1899

5. Sex: male

6. Twin or triplet no ... If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD
9. Full name Yoder, Alexander
10. Color or race white 11. Age at time of this birth 37 yrs.
12. Birthplace Licking County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Wolford, Ollie Estella
16. Color or race white 17. Age at time of this birth 32 yrs.
18. Birthplace Union County, 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? 2
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Vigger
Address New Dover, 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.*

Orlando Buell Yoder
Applicant.

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.*

Orlando Buell Yoder
Applicant.

P. O. Address Route # 3, Marysville, Ohio

Sworn to before me and signed in my presence this 15th *day of* August, *19* 44.

Alnet Mayer
Alnet Mayer, Notary Public

(Seal)

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....

Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19* .....

The State of Ohio, Union **County, ss:**

I, Lena Stewart, 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 Stewart

P. O. Address Marysville, Ohio, Route # 1

Sworn to before me and signed in my presence this 15th *day of* August, *19* 44.

Carrie W. Hornbeck
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Pearl Yoder, prother, *do hereby certify that 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 Yoder

P. O. Address Marysville, Ohio, Route # 2

Sworn to before me and signed in my presence this 15th *day of* August, *19* 44.

Carrie W. Hornbeck
Deputy

(Seal)

Probate Court, Union **County, Ohio**

August 15th, *19* 44

In the Matter of the Registration of the birth

of Orlando Buell Yoder

Case No. A-590

ORDER FOR HEARING

This day Orlando Buell Yoder *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application be forthwith had and that notice thereof be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 15th, *19* 44

In the Matter of the
REGISTRATION OF BIRTH
of Orlando Buell Yoder

Case No. A-590

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Orlando Buell Yoder
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 Lena Stewart, sister, and Pearl Yoder, brother, 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) Leesburg
(c) Name of hospital or institution: no
(d) Mother's stay before delivery:
In hospital or institution no In this community 32 yr.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg
(d) Street No.

3. Full name of child Yoder, Orlando Buell
4. Date of birth February 3,1899
5. Sex: male
6. Twin or triplet no If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9 mo
8. Mother married? yes

FATHER OF CHILD
9. Full name Yoder, Alexander
10. Color or race white 11. Age at time of this birth 37 yrs.
12. Birthplace Licking County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Wolford, Ollie Estella
16. Color or race white 17. Age at time of this birth 32 yrs.
18. Birthplace Union County, 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? 2
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Vigger
Address New Dover, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Joseph William Conklin

Case No. A-593

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville, 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
(c) Name of hospital or institution: R # 4, Marysville, Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 12 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Paris Township
(d) Street No. R. # 4

3. Full name of child Conklin, Joseph William
4. Date of birth Sept. 23, 1926
5. Sex: Male
6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Conklin, Dale
10. Color or race White 11. Age at time of this birth 22 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD
15. Full maiden name Janes, Jennie Baum
16. Color or race White 17. Age at time of this birth 25 yrs.
18. Birthplace Fayette County, Ohio
19. Usual occupation House wife
20. Industry or business Teaching

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? 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 .....

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 registration of his birth *as provided by law.*

Joseph William Conklin
Applicant.

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 William Conklin
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 12th *day of* Sept., *19* 44

Anne M. Spees
Notary Public, Union County, Ohio

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....

Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19* .....

The State of Ohio, Union **County, ss:**

I, Jennie Baum Conklin, 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 Baum Conklin

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 12th *day of* Sept., *19* 44

Anne M. Spees
Notary Public, Union County, Ohio

(Seal)

The State of Ohio, Union **County, ss:**

I, Dale Conklin, 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.*

Dale Conklin

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 12th *day of* Sept., *19* 44

Anne M. Spees
Notary Public, Union County, Ohio

(Seal)

Probate Court, Union County, Ohio

Sept. 12, *19* 44

In the Matter of the registration of birth

of Joseph William Conklin

Case No. A-593

ORDER FOR HEARING

This day Joseph William Conklin *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 dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

September 12, 19 44

In the Matter of the
REGISTRATION OF BIRTH
of Joseph William Conklin

Case No. A-593

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Joseph William Conklin
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 father and mother as 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
(c) Name of hospital or institution: R # 4, Marysville, Ohio
(d) Mother's stay before delivery:
In hospital or institution..... In this community 12 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Paris Township
(d) Street No.

3. Full name of child Conklin, Joseph William
4. Date of birth Sept. 23, 1926
5. Sex: Male
6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Conklin, Dale
10. Color or race White 11. Age at time of this birth 22 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD
15. Full maiden name Janes, Jennie Baum
16. Color or race White 17. Age at time of this birth 25 yrs.
18. Birthplace Fayette County, Ohio
19. Usual occupation House wife
20. Industry or business Teaching

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. C. D. Mills
Address Marysville, Ohio
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-11—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Hazel Ruth Brown

Case No. A-592

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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 28 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No.

3. Full name of child Brown, Hazel Ruth

4. Date of birth April 11, 1917

5. Sex: F.

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Brown, Charles William
10. Color or race White 11. Age at time of this birth 38 yrs.
12. Birthplace Champaign Co. Illinois
13. Usual occupation Brass Factory Employee
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Graves, Myrtle Mae
16. Color or race White 17. Age at time of this birth 28 yrs.
18. Birthplace Mercer County, 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? 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. 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 her birth, *as provided by law.*

Hazel Ruth Brown
Applicant.

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 Ruth Brown
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 29 *day of* August, *19* 44

Clifton L. Caryl
Clifton L. Caryl, Notary Public, State of Ohio

(Seal)

AFFIDAVIT

Probate Court, County, Ohio

In the Matter of the

of

The State of Ohio, County, ss:

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address *Attending Physician.*

Sworn to before me and signed in my presence this *day of* , *19* .

The State of Ohio, Union **County, ss:**

I, Myrtle Mae Brown, 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 Mae Brown

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 29 *day of* August, *19* 44

(Seal)

Carrie W. Hornbeck
Deputy

The State of Ohio, Union **County, ss:**

I, Evangeline Graves, 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.*

Evangeline Graves

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 29 *day of* August, *19* 44

(Seal)

Carrie W. Hornbeck
Deputy

Probate Court, Union County, Ohio

August 29, *19* 44

Case No. A-592

In the Matter of the registration of birth

of Hazel Ruth Brown

ORDER FOR HEARING

This day Hazel Ruth Brown *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 29, 19 44

In the Matter of the
REGISTRATION OF BIRTH
of Hazel Ruth Brown

Case No. A-592

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Hazel Ruth Brown
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 Myrtle Mae Brown, her mother, and Evangeline Graves, her grandmother *; 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
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community 28 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No.

3. Full name of child Brown, Hazel Ruth
4. Date of birth Apr.11,1917
5. Sex: F.
6. Twin or triplet single If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Brown, Charles William
10. Color or race White 11. Age at time of this birth 38 yrs.
12. Birthplace Champaign Co. Illinois
13. Usual occupation Brass Factory, Employee
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Graves, Myrtle Mae
16. Color or race White 17. Age at time of this birth 28 yrs.
18. Birthplace Mercer 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? 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. Hoopes
Address Marysville, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-11—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Estella Allen Striplin

Case No. A-594

APPLICATION

Your applicant respectfully represents that she *was born in* Richwood *County, Ohio; that* she *now resides in* Jefferson Co. Alabama (Birmingham) *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
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood
(d) Street No. I do not know

3. Full name of child Allen, Estella Rookh

4. Date of birth Oct. 27, 1888

5. Sex: Female

6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy .....

8. Mother married? yes

FATHER OF CHILD

9. Full name Allen, Asher Asbury
10. Color or race White 11. Age at time of this birth 36 yrs.
12. Birthplace Sedalia, now Glouster, Trimble Twn. Athens Co. Ohio
13. Usual occupation Carpenter
14. Industry or business Insurance

MOTHER OF CHILD

15. Full maiden name Allen, Nettie Hadley
16. Color or race White 17. Age at time of this birth 27 yrs.
18. Birthplace I do not recall but think near Marietta
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? .....
(c) How many children were born dead? one

22. Attending Physician or Midwife:
Name Dr. James Cutler
Address Richwood, Union Co. Ohio
.....
M. D., midwife, or other .....

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 she *verily believes.*

Estella Allen Striplin
Applicant.

P. O. Address 308 10th Ave. West, Birmingham, Ala.

Sworn to before me and signed in my presence this 12 *day of* Sept., *19* 44.

Notary Public, Jefferson County, Ala.
My commission expires Oct. 12, 1944
Bonded by New York Casualty Co., N.Y.

H. C. Schultz
Notary Public (Seal)

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, ... **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*.....

.....

.....

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*.....

.....

.....

Probate Court, Union **County, Ohio**

Sept. 20, *19* 44

In the Matter of the registration of birth

of Estella Allen

Case No. A-594

ORDER FOR HEARING

This day Estella Allen Striplin *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

September 20, 19 44

In the Matter of the
REGISTRATION OF BIRTH
of Estella Allen

Case No. A-594

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Estella Allen Striplin
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 affidavits of Emma Kasler, S.S.Carpenter, and John Grant Allen, 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) Richwood
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution..... In this community --

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood
(d) Street No.

3. Full name of child Allen, Estella Rookh

4. Date of birth Oct. 27, 1888

5. Sex: Female

6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy.....

8. Mother married? yes

FATHER OF CHILD
9. Full name Allen, Asher Asbury
10. Color or race White 11. Age at time of this birth 36 yrs.
12. Birthplace Trimble Twp. Athens Co. Ohio
13. Usual occupation Carpenter
14. Industry or business Insurance

MOTHER OF CHILD
15. Full maiden name Allen, Nettie Hadley
16. Color or race White 17. Age at time of this birth 27 yrs.
18. Birthplace unknown
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. James Cutler
Address Richwood, Union Co. Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Carrie Belle Walke

Case No. A-595

APPLICATION

Your applicant respectfully represents that she *was born in* Madison *County, Ohio; that* she *now resides in* Irwin, R. 1 XXXX *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 Madison
(b) Monroe Township
(c) Name of hospital or institution: Reseca, Ohio (location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community life

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Monroe Township
(d) Street No. Reseca, Ohio

3. Full name of child Walke, Carrie Belle
4. Date of birth May 28, 1889
5. Sex: Female
6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Walke, Frank
10. Color or race white 11. Age at time of this birth 21 yrs.
12. Birthplace Madison County, Ohio
13. Usual occupation farmer
14. Industry or business farming

MOTHER OF CHILD
15. Full maiden name Thompson, Flora Alice
16. Color or race white 17. Age at time of this birth 17 yrs.
18. Birthplace Madison County, Ohio
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 unknown
Address .....
M. D., midwife, or other .....

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 Belle Walke 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.*

Carrie Belle Walke Baker
Applicant.

P. O. Address R. 1, Irwin, Ohio

Sworn to before me and signed in my presence this 22nd *day of* September, *19*44.

Anne M. Spees
Notary Public, Union County, Ohio

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, Union **County, ss:**

I, Mrs. Lucie Gorton, 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.*

Mrs. Lucie Gorton

P. O. Address Irwin, Ohio

Sworn to before me and signed in my presence this 22nd *day of* September, *19*44.

Anne M. Spees
Notary Public, Union County, Ohio

(Seal)

The State of Ohio, Union **County, ss:**

I, Fred Gorton, 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.*

Fred Gorton

P. O. Address Irwin, Ohio

Sworn to before me and signed in my presence this 22nd *day of* September, *19*44.

Anne M. Spees
Notary Public, Union County, Ohio

(Seal)

Probate Court, Union County, Ohio
September 22, *19*44

In the Matter of the reg. of birth
of Carrie Belle Walke

Case No. A-595

ORDER FOR HEARING

This day Carrie Belle Walke *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application be forthwith; notice of hearing being dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**
September 22, 1944

In the Matter of the
REGISTRATION OF BIRTH
of Carrie Belle Walke

Case No. A-595

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Carrie Belle Walke
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 Lucie Gorton and Fred Gorton, 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) Monroe Township
(c) Name of hospital or institution: Reseca, Ohio
(d) Mother's stay before delivery:
In hospital or institution no In this community life

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Madison
(c) Monroe Township
(d) ~~Street No.~~ Reseca, Ohio

3. Full name of child Walke, Carrie Belle
4. Date of birth May 28, 1889
5. Sex: Female
6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Walke, Frank
10. Color or race white 11. Age at time of this birth 21 yrs.
12. Birthplace Madison County, Ohio
13. Usual occupation farmer
14. Industry or business farming

MOTHER OF CHILD
15. Full maiden name Thompson, Flora Alice
16. Color or race white 17. Age at time of this birth 17 yrs.
18. Birthplace Madison County, Ohio
19. Usual occupation house wife
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 unknown
Address .....
.....
M. D., midwife, or other .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Roscoe Lynn Baker

Case No. A-596

APPLICATION

Your applicant respectfully represents that he *was born in* Madison *County, Ohio; that* he *now resides in* Irwin, Ohio, R 1, 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) Monroe Township
(c) Name of hospital or institution: Reseca, Ohio (location)
(d) Mother's stay before delivery:
In hospital or institution no In this community life

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Madison
(c) Monroe Township
(d) Street No. Reseca, Ohio

3. Full name of child Baker, Roscoe Lynn
4. Date of birth May 22, 1889
5. Sex: Male
6. Twin or triplet If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Baker, William Ferman
10. Color or race white 11. Age at time of this birth 31 yrs.
12. Birthplace farmer
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Baker, Clara Mae
16. Color or race white 17. Age at time of this birth 27 yrs.
18. Birthplace Madison County, Ohio
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 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 the registration of his birth *as provided by law.*

Roscoe Lynn 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.*

Roscoe Lynn Baker
Applicant.

P. O. Address R. 1, Irwin, Ohio

Sworn to before me and signed in my presence this 22 *day of* September, 1944

Anne M. Spees
Notary Public, Union County, Ohio

(Seal)

AFFIDAVIT

Probate Court, County, Ohio

In the Matter of the

of

The State of Ohio, County, ss:

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address *Attending Physician.*

Sworn to before me and signed in my presence this *day of* , 19

The State of Ohio, Union **County, ss:**

I, Mrs. Lucie Gorton, 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.*

Mrs. Lucie Gorton

P. O. Address Irwin, Onio

Sworn to before me and signed in my presence this 22nd *day of* September, 19 44

Anne M. Spees
Notary Public, Union County, Ohio

(Seal)

The State of Ohio, Union **County, ss:**

I, Fred Gorton, 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.*

Fred Gorton

P. O. Address Irwin, Ohio

Sworn to before me and signed in my presence this 22nd *day of* Septemper, 19 44

Anne M. Spees
Notary Public, Union County, Ohio

(Seal)

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Roscoe Lynn Baker

Sept. 22, 19 44

Case No. A-596

ORDER FOR HEARING

This day Roscoe Lynn Baker *appeared in open court and filed an application for the* registration of birth

It is ordered that hearing on said application be forthwith, notice of hearing dispensed with.

It is further ordered by The Court that *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

September 22, 1944

In the Matter of the
REGISTRATION OF BIRTH
of Roscoe Lynn Baker

Case No. A-596

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Roscoe Lynn Baker
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 Lucie Gorton and Fred Gorton, 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) Monroe Township
(c) Name of hospital or institution: Reseca, Ohio
(d) Mother's stay before delivery:
In hospital or institution no In this community life

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Madison
(c) Monroe Township
(d) ~~Street~~ No. Reseca, Ohio

3. Full name of child Baker, Roscoe Lynn
4. Date of birth May 22, 1889
5. Sex: Male
6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Baker, William Ferman
10. Color or race white 11. Age at time of this birth 31 yrs.
12. Birthplace Madison County, Ohio
13. Usual occupation farmer
14. Industry or business farming

MOTHER OF CHILD
15. Full maiden name Baker, Clara Mae
16. Color or race white 17. Age at time of this birth 27 yrs.
18. Birthplace Madison County, Ohio
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 unknown
Address .....
.....
M. D., midwife, or other .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-11—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of Birth

of Herbert Eric Brose

Case No. A-598

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville, London Avenue *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) Union Township
(c) Name of hospital or institution: At home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community life

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Union Township
(d) Street No. .....

3. Full name of child Brose, Herbert Eric

4. Date of birth July 3, 1920

5. Sex: male

6. Twin or triplet no If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Brose, Albert Frank
10. Color or race white 11. Age at time of this birth 34 yrs.
12. Birthplace Hartford, Wisconsin
13. Usual occupation Carpenter
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Ruhl, Anna
16. Color or race white 17. Age at time of this birth 34 yrs.
18. Birthplace Darby Tp., Union Co. Ohio
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? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Doctor Charles Mills
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.*

Herbert E. Brose
HEADQUARTERS, OFFICER CANDIDATE SCHOOL, US ARMY IN AUSTRALIA *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.*

Herbert E. Brose *Applicant.*
P. O. Address HQ OCS, US ARMY, APO 923, % POSTMASTER, SAN FRAN., CALIF.

Sworn to before me and signed in my presence this 5th *day of* September, *19* 44.

Walter M. Szewczyk
Walter M. Szewczyk, WOJG, USA, Assistant Adj,
HQ. OFFICER CANDIDATE SCHOOL

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... County, ss:

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address ..... *Attending Physician.*

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, Union County, ss:

I, Albert Frank Brose, 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 F. Brose
P. O. Address 659 London Ave. Marysville, O.
Sworn to before me and signed in my presence this 3rd *day of* October, *19* 44.
William L. Coleman
(Seal) Notary Public, State of Ohio

The State of Ohio, Union County, ss:

I, Anna R. Brose, 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 R. Brose
P. O. Address 659 London Ave. Marysville, O.
Sworn to before me and signed in my presence this 3rd *day of* October, *19* 44.
William L. Coleman
(Seal) Notary Public, State of Ohio

Probate Court, Union County, Ohio

In the Matter of the the registration of birth

of Herbert Eric Brose

October 3, *19* 44.
Case No. A 598

ORDER FOR HEARING

This day Herbert Eric Brose *appeared in open court and filed an application for the* registration of birth

It is ordered that hearing on said application be forthwith, notice be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

October 3, 19 44

In the Matter of the
REGISTRATION OF BIRTH
of Herbert Eric Brose

Case No. A-598

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Herbert Eric Brose *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 Frank Brose, father, and Anna Ruhl Brose, 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) Union Township
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community life

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Union Township
(d) Street No. .....

3. Full name of child Brose, Herbert Eric
4. Date of birth July 3, 1920
5. Sex: Male
6. Twin or triplet no; If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Brose, Albert Frank
10. Color or race White 11. Age at time of this birth 34 yrs.
12. Birthplace Hartford, Wisconsin
13. Usual occupation Carpenter
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Ruhl, Anna
16. Color or race white 17. Age at time of this birth 34 yrs.
18. Birthplace Darby Tp. Union Co. Ohio
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? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Doctor Mills
Address Marysville, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Sara Loveta Rea

Case No. A-599

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) Liberty Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 20 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Liberty Township
(d) Street No.

3. Full name of child Rea, Sara Loveta
4. Date of birth Jan. 24, 1915
5. Sex: F.
6. Twin or triplet single If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? Yes

FATHER OF CHILD
9. Full name Rea, Wilber R.
10. Color or race white 11. Age at time of this birth 19 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Hines, Floris
16. Color or race white 17. Age at time of this birth 20 yrs.
18. Birthplace Hardin County, 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. C. L. Thompson
Address West Mansfield, Ohio
M. D., midwife, or other

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.*

Sara Loveta Rea Lash
Applicant.

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.*

Sara Loveta Rea Lash
Applicant.

P. O. Address 618 E. Fifth Street, Marysville, O.

Sworn to before me and signed in my presence this 3 *day of* October, *19* 44.

Mildred L. Fladt
Notary Public

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

.....

.....

The State of Ohio, Union **County, ss:**

I, Wilber R. Rea, 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.*

Wilber R. Rea

P. O. Address RFD # 1, Richwood, Ohio

Sworn to before me and signed in my presence this 3 *day of* October, *19* 44

Mildred L. Fladt
Notary Public

(Seal)

The State of Ohio, Union **County, ss:**

I, Floris Rea, 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.*

Floris Rea

P. O. Address RFD # 1, Richwood, Ohio

Sworn to before me and signed in my presence this 3 *day of* October, *19* 44

Mildred L. Fladt
Notary Public

(Seal)

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of Sara Loveta Rea

October 3, *19* 44

Case No. A-599

ORDER FOR HEARING

This day Sara Loveta Rea *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

October 3, 19 44

In the Matter of the
REGISTRATION OF BIRTH
of Sara Loveta Rea

Case No. A-599

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Sara Loveta Rea
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 Wilber R. Rea, her father, and Floris Rea, 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 Union
(b) Liberty Township
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution In this community 20 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Liberty Township
(d) Street No.

3. Full name of child Rea, Sara Loveta
4. Date of birth I-24-1915
5. Sex: F.
6. Twin or triplet single If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Rea, Wilber R.
10. Color or race white 11. Age at time of this birth 19 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Hines, Floris
16. Color or race white 17. Age at time of this birth 20 yrs.
18. Birthplace Hardin County, 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. C. L. Thompson
Address West Mansfield, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Roland Edward Erwin

Case No. A-600

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) Township of Claibourne
(c) Name of hospital or institution: At home in Claibourne Twp.
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 23 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Township of Claibourne
(d) Street No. R.F.D. # 3, Richwood, Ohio

3. Full name of child Erwin, Roland Edward

4. Date of birth Aug. 19, 1940

5. Sex: Male

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Erwin, James Earl
10. Color or race White 11. Age at time of this birth 24 yrs.
12. Birthplace Village of Richwood, Union Co. O.
13. Usual occupation Trucker
14. Industry or business Livestock Trucker

MOTHER OF CHILD

15. Full maiden name Tanner, Helen Lucille
16. Color or race White 17. Age at time of this birth 23 yrs.
18. Birthplace Village of Richwood, Union Co. Ohio
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? 1
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. C. L. Thompson
Address York Center, Ohio (now deceased)
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.*

Application made by: Helen Lucille Erwin, Mother Roland Edward 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 she *verily believes.*

Helen Lucille Erwin *Applicant.*

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 3rd *day of* October, A.D. *19* 44

(Seal)

F. LeRoy Allen
F. LeRoy Allen, Notary Public, State of Ohio
My commission expires Feb. 6, 1945

AFFIDAVIT

Probate Court, County, Ohio

In the Matter of the

of

The State of Ohio, **County, ss:**

I, ... *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address ..... *Attending Physician.*

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, Union **County, ss:**

I, Edna Mae Erwin, 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.*

Edna Mae Erwin

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 5th *day of* October *19* 44

(Seal)

Carrie W. Hornbeck
Deputy Clerk

The State of Ohio, Union **County, ss:**

I, Marion Tillman, 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.*

Marion Tillman

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 5th *day of* October *19* 44

Carrie W. Hornbeck
Deputy Clerk

Probate Court, Union County, Ohio

October 5, *19* 44

In the Matter of the registration of birth

of Roland Edward Erwin

Case No. A-600

ORDER FOR HEARING

This day Helen Lucille Erwin *appeared in open court and filed an application for the* registration of birth of Roland Edward Erwin

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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

October 5, 19 44

In the Matter of the
REGISTRATION OF BIRTH
of Roland Edward Erwin

Case No. A-600

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Roland Edward 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 the mother, Helen Lucille Erwin, and of Edna Mae Erwin, grandmother, and Marion Tillman, aunt; *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) Township of Claibourne
(c) Name of hospital or institution: Residence-R.F.D.# 3, Richwood, Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 23 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Township of Claibourne
(d) Street No. R.F.D. # 3, Richwood, Ohio

3. Full name of child Erwin, Roland Edward

4. Date of birth Aug.19,1940

5. Sex: Male

6. Twin or triplet single If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Erwin, James Earl
10. Color or race White 11. Age at time of this birth 24 yrs.
12. Birthplace Village of Richwood, Union Co.Ohio
13. Usual occupation Trucker
14. Industry or business Livestock Trucker

MOTHER OF CHILD
15. Full maiden name Tanner, Helen Lucille
16. Color or race White 17. Age at time of this birth 23 yrs.
18. Birthplace Village of Richwood, Union Co., Ohio
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? 3
(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. C. L. Thompson
Address York Center, Ohio (Now deceased)
M. D., midwife, or other .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Hannah Khiva Harvey

Case No. A-602

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Littleton Common, Mass. ~~*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) near West Mansfield, York
(c) Name of hospital or institution:
at the Harvey Homestead Farm
(d) Mother's stay before delivery:
In hospital or institution ..... In this community born here

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) York Township
(d) Street No.

3. Full name of child Harvey, Hannah Khiva

4. Date of birth July 28, 1899

5. Sex: Female

6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Harvey, Willis Tuttle
10. Color or race White 11. Age at time of this birth 33 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Skidmore, Eva Malinda
16. Color or race White 17. Age at time of this birth 31 yrs.
18. Birthplace Union County, 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? 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. Haas (now deceased)
Address West Mansfield, Ohio
M. D., midwife, or other

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.*

Hannah Khiva Harvey- Nelson
Applicant.

Commonwealth of Massachusetts,
The State of Ohio, Middlesex, ss. ~~XXX~~ County.

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Hannah Khiva Harvey-Nelson
Applicant.

P. O. Address Littleton Common, Mass.

Sworn to before me and signed in my presence this 26th *day of* October, *19* 44

Bennett Sanderson
Notary Public, My commission expires Sept.11, 1948

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... County, ss:

I, ... *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, Union County, ss:

I, Howard H. Harvey, 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.*

Howard H. Harvey

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 30th *day of* October, *19* 44

Betty Geer
Deputy Clerk

(Seal)

The State of Ohio, Union County, ss:

I, Margaret A. Harvey, 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 A. Harvey

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 30th *day of* October, *19* 44

Betty Geer
Deputy Clerk

(Seal)

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of Hannah Khiva Harvey

Oct. 30, *19* 44

Case No. A-602

ORDER FOR HEARING

This day Hannah Khiva Harvey Nelson *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 be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

October 30, 19 44

In the Matter of the
REGISTRATION OF BIRTH
of Hannah Khiva Harvey

Case No. A-602

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Hannah Khiva Harvey Nelson
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 A. Harvey, aunt, and Howard H. Harvey, uncle, 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) near West Mansfield, York Twp.
(c) Name of hospital or institution: Harvey Homestead Farm
(d) Mother's stay before delivery:
In hospital or institution..... In this community life

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) York Township
(d) Street No. .....

3. Full name of child Harvey, Hannah Khiva

4. Date of birth July 28, 1899

5. Sex: Female

6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Harvey, Willis Tuttle
10. Color or race White 11. Age at time of this birth 33 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Skidmore, Eva Malinda
16. Color or race White 17. Age at time of this birth 31 yrs.
18. Birthplace Union County, 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? 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. Haas (now deceased)
Address West Mansfield, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Madeline Gray

Case No. A-603

APPLICATION

Your applicant respectfully represents that I *was born in* Union *County, Ohio; that* I *now resides in* Philadelphia, Pennsylvania, ~~xxxxxx~~; *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) Marysville
(c) Name of hospital or institution: 317 West Eight Street
(d) Mother's stay before delivery:
In hospital or institution home In this community 30 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No. 317 West Eight Street

3. Full name of child Gray, Madeline

4. Date of birth March 4, 1888

5. Sex: Female

6. Twin or triplet ... If so—born 1st, 2nd, or 3d ...

7. Number months of pregnancy 7

8. Mother married? yes

FATHER OF CHILD

9. Full name Gray, Albert
10. Color or race white 11. Age at time of this birth 37 yrs.
12. Birthplace Cable, Ohio
13. Usual occupation Blacksmith
14. Industry or business ...

MOTHER OF CHILD

15. Full maiden name Alexander, Nannie
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Marysville, 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? 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. Lutrell Henderson
Address East Fifth Street, Marysville, Ohio
M. D., midwife, or other ...

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 my birth, *as provided by law.*

Mrs. Madeline Gray Guy
Applicant.

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 Gray Guy
Applicant.

P. O. Address 5923 Oxford St.

Sworn to before me and signed in my presence this 23 *day of* October, 1944.

(Seal)

LeRoy A. Worrell
Notary Public, Commission expires April 1, 1947

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the ...

of ...

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ..., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address ...

Attending Physician.

Sworn to before me and signed in my presence this ... *day of* ..., *19*...

The State of Ohio, Union **County, ss:**

I, Adele M. Kagay, 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.*

Adele M. Kagay

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 25th *day of* October, *19* 44.

Carrie W. Hornbeck
Deputy Clerk

(Seal)

The State of Ohio, Union **County, ss:**

I, Earl W. Gray, 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.*

Earl W. Gray

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 25th *day of* October, *19* 44.

Carrie W. Hornbeck
Deputy Clerk

(Seal)

Probate Court, Union County, Ohio

Oct. 25, *19* 44.

In the Matter of the registration of birth

of Madeline Gray

Case No. A-603

ORDER FOR HEARING

This day Madeline Gray Guy *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 Master Commissioner to take sworn testimony on said application if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

October 25, 19 44

In the Matter of the
REGISTRATION OF BIRTH
of Madeline Gray

Case No. A-603

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Madeline Gray Guy
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 Earl W. Gray and Adele M. Kagay in open court, 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
(c) Name of hospital or institution: 317 West Eighth Street
(d) Mother's stay before delivery:
In hospital or institution: nome In this community: 30 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State: Ohio
(b) County: Union
(c): Marysville
(d) Street No.: 317 West Eighth Street

3. Full name of child: Gray, Madeline
4. Date of birth: March 4, 1888
5. Sex: Female
6. Twin or triplet: If so—born 1st, 2nd, or 3d:
7. Number months of pregnancy: 7
8. Mother married? yes

FATHER OF CHILD
9. Full name: Grah, Albert
10. Color or race: white 11. Age at time of this birth: 37 yrs.
12. Birthplace: Cable, Ohio
13. Usual occupation: Blacksmith
14. Industry or business:

MOTHER OF CHILD
15. Full maiden name: Alexander, Nannie
16. Color or race: white 17. Age at time of this birth: 30 yrs.
18. Birthplace: Marysville, 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? 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. Lutrell Henderson
Address: East Fifth Street, Marysville, Ohio
M. D., midwife, or other:

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-11—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of William Rhu McKitrick

Case No. A-606

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* New York, N. Y. ~~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
(c) Name of hospital or institution: East 5th Street
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 40 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No. East 5th Street

3. Full name of child McKitrick William Rhu

4. Date of birth Sept. 3, 1897

5. Sex: Male

6. Twin or triplet no If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name McKitrick, Phineas Delmore
10. Color or race White 11. Age at time of this birth 39 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation laborer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Wright, Frances Loveila
16. Color or race White 17. Age at time of this birth 40 yrs.
18. Birthplace Union County, 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? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Dave Henderson
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.*

William Rhu McKitrick
Applicant.

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 Rhu McKitrick
Applicant.

P. O. Address 220 W. 107th St. New York City

Sworn to before me and signed in my presence this 15th *day of* November, *19* 44

John W. Dailey
Probate Judge

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address ..... *Attending Physician.*

Sworn to before me and signed in my presence this ..... *day of* ....., *19* .....

The State of Ohio, Union **County, ss:**

I, Wade McKitrick, 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.*

W. G. McKitrick

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 15th *day of* November, *19* 44

John W. Dailey
Probate Judge

(Seal)

The State of Ohio, Union **County, ss:**

I, Edith McKitrick, 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.*

Edith McKitrick

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 15th *day of* November, *19* 44

John W. Dailey
Probate Judge

(Seal)

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of William Rhu McKitrick

November 15, *19* 44

Case No. A-606

ORDER FOR HEARING

This day William Rhu McKitrick *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 dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

November 15, 19 44

In the Matter of the
REGISTRATION OF BIRTH
of William Rhu McKitrick

Case No. A-606

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of William Rhu McKitrick
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 Wade McKitrick, uncle, and Edith McKitrick, aunt, 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
(c) Name of hospital or institution: East 5th Street
(d) Mother's stay before delivery:
In hospital or institution..... In this community 40 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No. East 5th St.

3. Full name of child McKitrick, William Rhu

4. Date of birth Sept. 3, 1897

5. Sex: Male

6. Twin or triplet no If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name McKitrick, Phineas Delmore
10. Color or race White 11. Age at time of this birth 39 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation laborer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Wright, Frances Loveila
16. Color or race White 17. Age at time of this birth 40 yrs.
18. Birthplace Union County, 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? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Dave Henderson
Address Marysville, Ohio.
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Arthur Harrod Keckley

Case No. A-608

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) Union Township
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 20 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Union Township
(d) Street No.

3. Full name of child Keckley, Arthur Harrod
4. Date of birth Jan. 6, 1905
5. Sex: Male
6. Twin or triplet no If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Keckley, Howard Freeman
10. Color or race White 11. Age at time of this birth 20 yrs.
12. Birthplace Union Township, Union Co. O.
13. Usual occupation Laborer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Walke, Sarah Jeanett
16. Color or race White 17. Age at time of this birth 20 yrs.
18. Birthplace Union Twp. 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? 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. Aaron Boylan
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.*

Arthur Harrod Keckley
Applicant.

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 Harrod Keckley
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 8th *day of* January, *19* 45

John W. Dailey
Probate Judge

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19* .....

The State of Ohio, Union **County, ss:**

I, John W. Walke, 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.*

John W. Walke

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 8th *day of* January, *19* 45

John W. Dailey
Probate Judge

(Seal)

The State of Ohio, Union **County, ss:**

I, Sarah J. Rodemaker, 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 J. Rodemaker

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 8th *day of* January, *19* 45

John W. Dailey
Probate Judge

(Seal)

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Arthur Harrod Keckley

January 8, *19* 45

Case No. A-608

ORDER FOR HEARING

This day Arthur Harrod Keckley *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 dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

Sworn to before me and signed in my presence, this.....day of....., 19.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

January 8, 19 45

In the Matter of the
REGISTRATION OF BIRTH
of Arthur Harrod Keckley

Case No. A-608 ✓

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Arthur Harrod Keckley *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 J. Rodemaker, mother, and John W. Walke, uncle, 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) Union Township
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 20 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Union Township
(d) Street No.

3. Full name of child Keckley, Arthur Harrod

4. Date of birth Jan. 6, 1905

5. Sex: Male

6. Twin or triplet no; If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Keckley, Howard Freeman
10. Color or race White 11. Age at time of this birth 20 yrs.
12. Birthplace Union Twp. Union Co. Ohio
13. Usual occupation Laborer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Walke, Sarah Jeanett
16. Color or race White 17. Age at time of this birth 20 yrs.
18. Birthplace Union Twp. 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? 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. Aaron Boylan
Address Milford Center, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Lewis Irvin Patch

Case No. A-609

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
(c) Name of hospital or institution: home,corner Sycamore & 3rd Sts.
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 5 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No. corner Sycamore & 3rd Sts.

3. Full name of child Patch, Lewis Irvin

4. Date of birth Dec. 8, 1908

5. Sex: Male

6. Twin or triplet no If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Patch, Charles Alvin
10. Color or race white 11. Age at time of this birth 36 yrs.
12. Birthplace Union Co., Ohio
13. Usual occupation laborer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Lynn, Anna
16. Color or race White 17. Age at time of this birth 19 yrs.
18. Birthplace Licking 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? 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. 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.*

Lewis Irvin Patch
Applicant.

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 Irvin Patch
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 9th *day of* January, *19*45.

John W. Dailey
Probate Judge

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

.....

.....

The State of Ohio, Union **County, ss:**

I, Charles Alvin Patch, 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 Alvin Patch

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 9th *day of* January, *19*45.

John W. Dailey
Probate Judge

(Seal)

The State of Ohio, Union **County, ss:**

I, Ollie Patch, 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.*

Ollie Patch

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 9th *day of* January, *19*45.

John W. Dailey
Probate Judge

(Seal)

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of Lewis Irvin Patch

January 9, *19*45.

Case No. A-609

ORDER FOR HEARING

This day Charles Irvin Patch *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

January 9, 19 45

In the Matter of the
REGISTRATION OF BIRTH
of Lewis Irvin Patch

Case No. A-609

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lewis Irvin Patch
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 Alvin Patch, father, and Ollie Patch, aunt, 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
(c) Name of hospital or institution: home, corner Sycamore & 3rd Sts.
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 5 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No. corner Sycamore & 3rd St.

3. Full name of child Patch, Lewis Irvin

4. Date of birth Dec. 8, 1908

5. Sex: Male

6. Twin or triplet no ..... If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Patch, Charles Alvin
10. Color or race White 11. Age at time of this birth 36 yrs.
12. Birthplace Union Co., Ohio
13. Usual occupation laborer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Lynn, Anna
16. Color or race White 17. Age at time of this birth 19 yrs.
18. Birthplace Licking 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? 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. Hoopes
Address Marysville, Ohio
.....
M. D., midwife, or other .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-11—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the
In the Matter of the registration of birth
of William Oliver Robertson

Case No. A-610

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) Jackson Township
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 25 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson Township
(d) Street No.

3. Full name of child Robertson William Oliver

4. Date of birth Apr 23,1891

5. Sex: Male

6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Robertson, Jesse B
10. Color or race white 11. Age at time of this birth 29 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Godfrey, Elizabeth
16. Color or race White 17. Age at time of this birth 25 yrs.
18. Birthplace Union County, 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 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.*

William Oliver 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 Oliver Robertson
Applicant.

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 23rd *day of* January, *19* 45

John W. Dailey, Probate Judge

AFFIDAVIT

Probate Court, Union County, Ohio

In the Matter of the
of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....

Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, Union **County, ss:**

I, R.R.Robertson, an 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.*

R.R.Robertson

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 23 *day of* January, *19* 45

John W. Dailey, Probate Judge

The State of Ohio, Union **County, ss:**

I, William A. Godfrey, 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.*

William A. Godfrey

P. O. Address Rivhwood, Ohio

Sworn to before me and signed in my presence this 23rd *day of* January, *19* 45

John W. Dailey, Probate Judge

Probate Court, Union County, Ohio

January 23, *19* 45

In the Matter of the Registration of birth
of William Oliver Robertson

Case No. A-610

ORDER FOR HEARING

This day William Oliver 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 dispensed with

~~*It is further ordered by the Court that* ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary and this cause is continued.~~

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

January 23, 19 45

In the Matter of the
REGISTRATION OF BIRTH
of William Oliver Robertson

Case No. A-610

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of William Oliver 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 R.R.Robertson and William A.Godfrey,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 Township
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution..... In this community: 25 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State: Ohio
(b) County: Union
(c): Jackson Township
(d) Street No.:

3. Full name of child: Robertson William Oliver

4. Date of birth: Apr.23,1891

5. Sex: Male

6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD
9. Full name: Robertson,Jesse B
10. Color or race: white 11. Age at time of this birth: 29 yrs.
12. Birthplace: Union County,Ohio
13. Usual occupation: farmer
14. Industry or business:

MOTHER OF CHILD
15. Full maiden name: Godfrey,Elizabeth
16. Color or race: white 17. Age at time of this birth: 25 yrs.
18. Birthplace: Union County,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: unknown
Address:
M. D., midwife, or other:

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of William Lewis Hock

Case No. A-611

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Madison *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
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 22 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Millcreek Township
(d) Street No.

3. Full name of child Hock, William Lewis

4. Date of birth Apr.23,1923

5. Sex: Male

6. Twin or triplet no If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Hock, Joseph William
10. Color or race White 11. Age at time of this birth 23 yrs.
12. Birthplace Madison Co., Ohio
13. Usual occupation farmer
14. Industry or business farming

MOTHER OF CHILD
15. Full maiden name Conklin, Pearl Melissa
16. Color or race White 17. Age at time of this birth 22 yrs.
18. Birthplace Green Co., Penna.
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. C. D. Mills
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.*

William Lewis Hock
Applicant.

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 Lewis Hock
Applicant.

P. O. Address Plain City, R.# 2, Ohio

Sworn to before me and signed in my presence this 19th *day of* February, *19* 45.

(Seal)

Betty Geer
Deputy

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, Union **County, ss:**

I, J. W. Hock, 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. W. Hock

P. O. Address Plain City, R.# 2, Ohio

Sworn to before me and signed in my presence this 19th *day of* February, *19*45.

Betty Geer
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Pearl Hock, 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.*

Pearl Hock

P. O. Address Plain City, R. # 2, Ohio

Sworn to before me and signed in my presence this 19th *day of* February, *19* 45.

Betty Geer
Deputy

Probate Court, Union County, Ohio

February 19, *19* 45.

In the Matter of the registration of birth

of William Lewis Hock

Case No. A-611

ORDER FOR HEARING

This day William Lewis Hock *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 dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

In the Matter of the
REGISTRATION OF BIRTH
of William Lewis Hock

Case No. A-611

February 19, 1945

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of William Lewis Hock *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 Joseph William Hock, father and Pearl Hock, mother, 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) Millcreek Township
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 22 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Millcreek Township
(d) Street No.

3. Full name of child Hock, William Lewis

4. Date of birth Apr. 30, 1923

5. Sex: Male

6. Twin or triplet no; If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Hock, Joseph William
10. Color or race White 11. Age at time of this birth 23 yrs.
12. Birthplace Madison Co., Ohio
13. Usual occupation farmer
14. Industry or business farming

MOTHER OF CHILD
15. Full maiden name Conklin, Pearl Melissa
16. Color or race White 17. Age at time of this birth 22 yrs.
18. Birthplace Green Co., Penna.
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. C. D. Mills
Address Marysville, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of birth

of Nellie Pauline Neill

Case No. A-612

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* City of Marysville XXXXX *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) Millcreek Township
(c) Name of hospital or institution: Route # 2, Marysville
(d) Mother's stay before delivery:
In hospital or institution ..... In this community life

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Route # 2, Marysville
(d) Street No.

3. Full name of child Neill, Nellie Pauline

4. Date of birth May 24, 1909

5. Sex: Female

6. Twin or triplet no If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Neill, Samuel Lane
10. Color or race White 11. Age at time of this birth 28 yrs.
12. Birthplace Union County
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Ingmire, Gertrude Ethel
16. Color or race White 17. Age at time of this birth 20 yrs.
18. Birthplace Wood County, Ohio
19. Usual occupation Farmer's wife
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. Gardner
Address Plain City, Ohio
M. D., midwife, or other

Your applicant further represents that the registration of her *birth* is not recorded. Doctor failed to do so.

Your applicant hereby makes application for an order of the Court, directing the registration of her birth, *as provided by law.*

Nellie Pauline Neill
Applicant.

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.*

Nellie Pauline Neill
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 12th *day of* March, *19* 45

John W. Dailey
Probate Judge

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....

Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, Union **County, ss:**

I, Gertrude Ethel Neill, 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.*

Gertrude Ethel Neill

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 12th *day of* March, *19* 45

Betty Geer
Deputy Clerk

(Seal)

The State of Ohio, Union **County, ss:**

I, Samuel Lane Neill, *do hereby certify that 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 Lane Neill

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 12th *day of* March, *19* 45

Betty Geer
Deputy Clerk

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of Nellie Pauline Neill

March 12, *19* 45

Case No. A-612

ORDER FOR HEARING

This day Nellie Pauline Neill *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

March 12, 19 45

In the Matter of the
REGISTRATION OF BIRTH
of Nellie Pauline Neill

Case No. A-612

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Nellie Pauline Neill *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 Samuel Lane Neill, father, and Gertrude Ethel Neill, 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) Millcreek Township
(c) Name of hospital or institution: Route # 2, Marysville, Ohio
(d) Mother's stay before delivery:
In hospital or institution..... In this community life

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Route # 2, Marysville
(d) Street No. .....

3. Full name of child Neill, Nellie Pauline

4. Date of birth May 24, 1909

5. Sex: Female

6. Twin or triplet no If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Neill, Samuel Lane
10. Color or race White 11. Age at time of this birth 28 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Ingmire, Gertrude Ethel
16. Color or race White 17. Age at time of this birth 20 yrs.
18. Birthplace Wood County, Ohio
19. Usual occupation Farmer's wife
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. Gardner
Address Plain City, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Dano Bernard Draper

Case No. A614

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Hardin *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
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 5 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Taylor Township
(d) Street No.

3. Full name of child Draper, Dano Bernard
4. Date of birth Dec.15,1908
5. Sex: Male
6. Twin or triplet no If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Draper, Jesse Bernard
10. Color or race White 11. Age at time of this birth 29 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Shirk, Ella May
16. Color or race White 17. Age at time of this birth 27 yrs.
18. Birthplace Union County, 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? 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. E. Thompson (now dec'd)
Address Raymond, 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.*

Dano Bernard Draper
Applicant.

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.*

Dano Bernard Draper
Applicant.

P. O. Address Dunkirk, Ohio

Sworn to before me and signed in my presence this 30th *day of* March, *19* 45

John W. Dailey
Probate Judge

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....

Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, Union **County, ss:**

I, J. H. Bryan 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.*

J. H. Bryan

P. O. Address Peoria, Ohio, R#1

Sworn to before me and signed in my presence this 30th *day of* March, *19* 45.

John W. Dailey
Probate Judge

(Seal)

The State of Ohio, Union **County, ss:**

I, Biantha Bryan, 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.*

Biantha Bryan

P. O. Address Peoria, Ohio R#1

Sworn to before me and signed in my presence this 30th *day of* March, *19* 45.

John W. Dailey
Probate Judge

(Seal)

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of Dano Bernard Draper

March 30, *19* 45

Case No. A-614

ORDER FOR HEARING

This day Dano Bernard Draper *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

March 30, *19* 45

In the Matter of the
REGISTRATION OF BIRTH
of Dano Bernard Draper

Case No. A-614

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Dano Bernard Draper
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. H. Bryan uncle, and Biantha Bryan, aunt, 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 Township
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 5 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Taylor Township
(d) Street No.

3. Full name of child Draper, Dano Bernard
4. Date of birth Dec.15,1908
5. Sex: Male
6. Twin or triplet no; If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Draper, Jesse Bernard
10. Color or race White 11. Age at time of this birth 29 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Shirk, Ella May
16. Color or race White 17. Age at time of this birth 27 yrs.
18. Birthplace Union County, 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? 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. E. Thompson, (now dec'd)
Address Raymond, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., *19*.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Grace Lucille Leeper

Case No. A-616

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Detroit, Michigan ~~xxxxxx~~ *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
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 2 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Allen Township
(d) Street No.

3. Full name of child Leeper Grace Lucille

4. Date of birth Nov. 24, 1897

5. Sex: Female

6. Twin or triplet no If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Leeper Orton Pearl
10. Color or race White 11. Age at time of this birth 21 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Turner, Nellie May
16. Color or race White 17. Age at time of this birth 22 yrs.
18. Birthplace DeWitt County, Illinois
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 Marysivlle, Ohio
M. D., midwife, or other

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.*

Grace Lucille Leeper 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 she *verily believes.*

Grace Lucille Leeper Vock
Applicant.

P. O. Address 18127 Bentler, Detroit, Mich.

Sworn to before me and signed in my presence this 16 *day of* April, *19* 45

Betty Geer
Deputy Clerk

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, Union County, ss:

I, Nellie May Leeper, *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....

Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, Union County, ss:

I, Nellie May Leeper 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 Leeper

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 16th *day of* April, *19* 45

Betty Geer
Deputy Clerk

The State of Ohio, Union County, ss:

I, Ella Schoenleb 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.*

Ella Schoenleb

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 16th *day of* April, *19* 45

Betty Geer
Deputy Clerk

Probate Court, Union County, Ohio

April 16, *19* 45

In the Matter of the the registration of birth

of Grace Lucille Leeper

Case No. .....

ORDER FOR HEARING

This day Grace Lucille Leeper *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

April 16, 1945

In the Matter of the
REGISTRATION OF BIRTH
of Grace Lucille Leeper

Case No. A-616

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Grace Lucille Leeper Vock *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 Nellie May Leeper, mother, and Ella Schoenleb, aunt, 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) Allen Township
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 2 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Allen Township
(d) Street No. .....

3. Full name of child Leeper Grace Lucille

4. Date of birth Nov. 24, 1897

5. Sex: Female

6. Twin or triplet no If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Leeper Orton Pearl
10. Color or race White 11. Age at time of this birth 22 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Turner, Nellie May
16. Color or race White 17. Age at time of this birth 22 yrs.
18. Birthplace DeWitt County, Illinois
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.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Charles Henry Peters

Case No. A-618

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
(c) Name of hospital or institution: Goodale St.
(d) Mother's stay before delivery:
In hospital or institution ... In this community 15 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Franklin
(c) Columbus
(d) Street No. Goodale St.

3. Full name of child Peters, Charles Henry
4. Date of birth Oct. 7, 1890
5. Sex: Male
6. Twin or triplet no ... If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD
9. Full name Peters, John Jacob
10. Color or race White 11. Age at time of this birth 30 yrs.
12. Birthplace Scioto County, Ohio
13. Usual occupation Engineer
14. Industry or business Engineer

MOTHER OF CHILD
15. Full maiden name Strohm, Anna
16. Color or race White 17. Age at time of this birth 28 yrs.
18. Birthplace Baden, Germany
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. Moon
Address Now deceased
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.*

Charles Henry Peters
Applicant.

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 Henry Peters
Applicant.

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 4th *day of* May, *19* 45.

F. LeRoy Allen
F. LeRoy Allen, Notary Public, State of Ohio
My com. exp. Feb. 15, 1948

(Seal)

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the ...

of ...

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ..., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address ...
Attending Physician.

Sworn to before me and signed in my presence this ... *day of* ..., *19* ...

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* ...

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* ...

Probate Court, Union **County, Ohio**

May 5, *19* 45.

In the Matter of the registration of birth

of Charles Henry Peters

Case No. A-618

ORDER FOR HEARING

This day Charles Henry Peters *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

Sworn to before me and signed in my presence, this.....day of....., 19.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

May 5, 19 45

In the Matter of the
REGISTRATION OF BIRTH
of Charles Henry Peters

Case No. A-618

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Charles Henry Peters *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* clear and convincing 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 Franklin
(b) Columbus
(c) Name of hospital or institution: Goodale St.
(d) Mother's stay before delivery:
In hospital or institution..... In this community 15 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Franklin
(c) Columbus
(d) Street No. Goodale St.

3. Full name of child Peters, Charles Henry
4. Date of birth Oct. 7, 1890
5. Sex: Male
6. Twin or triplet no If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Peters, John Jacob
10. Color or race White 11. Age at time of this birth 30 yrs.
12. Birthplace Scioto County, Ohio
13. Usual occupation Engineer
14. Industry or business Engineer

MOTHER OF CHILD
15. Full maiden name Strohm, Anna
16. Color or race White 17. Age at time of this birth 28 yrs.
18. Birthplace Baden, Germany
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. Moon
Address Now deceased
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Louellyn Madeline Lacy

Case No. A-619

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Houston, Washington *County,* Penn*sylvania, 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
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No. .....

3. Full name of child Lacy Louellyn Madeline
4. Date of birth Feb. 23, 1913
5. Sex: Female
6. Twin or triplet xx If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Lacy, George Walter
10. Color or race Negro 11. Age at time of this birth 30 yrs.
12. Birthplace Sharpsburg, Penna.
13. Usual occupation Barber & Preacher
14. Industry or business Barber

MOTHER OF CHILD
15. Full maiden name Carr, Evangeline
16. Color or race Negro 17. Age at time of this birth 28 yrs.
18. Birthplace Hookstown, Pa.
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? 1
(c) How many children were born dead? 1

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other .....

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 to be recorded *as provided by law.*

Applicant.

The State of Ohio, Penna., Washington **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Louellyn Madeline Lacy
Applicant.

P. O. Address Box 1049 Houston, Wash. Co., Pa.

Sworn to before me and signed in my presence this 30 *day of* April, *19* 45

James W. Stroffer
Notary Public, Houston, Pa.
My Commission expires January 5, 1947

(Seal)

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....

Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19* .....

.....

.....

The State of Ohio, Ind*ex* Indiana, Lake **County, ss:**

I, George Lacy, 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.*

George Lacy

P. O. Address 17 E. 16th Ave. Gary, Ind.

Sworn to before me and signed in my presence this 3 *day of* May, *19* 45

Bruce Houser
Notary Public
My commission expires May 11, 1945

(Seal)

The State of Ohio, Mahoning **County, ss:**

I, Evangeline Brown, 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.*

Evangeline Brown

P. O. Address 1115 Van Dyke Ave. Youngstown, Ohio

Sworn to before me and signed in my presence this 9th *day of* May, *19* 45

W. M. Howard
W.M.Howard, Notary Public, State of Ohio

(Seal)

Probate Court, Union **County, Ohio**

In the Matter of the the registration of birth

of Louellyn Madeline Lacy

May 14, *19* 45

Case No. A-619

ORDER FOR HEARING

This day Louellyn Madeline Lacy *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

May 14, 19 45

In the Matter of the

REGISTRATION OF BIRTH

of Louellyn Madeline Lacy

Case No. A-619 ✓

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Louellyn Madeline Lacy
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 affidavits of George Lacy, father of applicant, and Evangeline Brown, 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) Marysville
(c) Name of hospital or institution: Home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No. .....

3. Full name of child Lacy, Louellyn Madeline
4. Date of birth Feb. 23, 1913
5. Sex: Female
6. Twin or triplet no; If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Lacy, George Walter
10. Color or race Negro 11. Age at time of this birth 30 yrs.
12. Birthplace Sharpsburg, Penna.
13. Usual occupation Barber & Preacher
14. Industry or business Barber

MOTHER OF CHILD
15. Full maiden name Carr, Evangeline
16. Color or race Negro 17. Age at time of this birth 28 yrs.
18. Birthplace Hookstown, Penna.
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? 1
(c) How many children were born dead? 1

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Emma Barbara Rupright

Case No. A-621

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Alliance *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) Darby Township
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 36 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Darby Township
(d) Street No.

3. Full name of child Rupright, Emma Barbara

4. Date of birth May 16, 1897

5. Sex: Female

6. Twin or triplet no If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Rupright, Martin Philip
10. Color or race White 11. Age at time of this birth 40 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Rausch, Katherine
16. Color or race White 17. Age at time of this birth 36 yrs.
18. Birthplace Union County, 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? 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 unknown
Address
M. D., midwife, or other

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.*

Emma Barbara Rupright
Applicant.

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.*

Emma Barbara Rupright
Applicant.

P. O. Address Alliance, Ohio

Sworn to before me and signed in my presence this 28th *day of* May, *19* 45.

Betty Geer
Deputy

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19* .....

.....

.....

The State of Ohio, Union **County, ss:**

I, Edward Rupright, 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.*

Edward Rupright

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 28th *day of* May, *19* 45.

Betty Geer
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, William 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.*

William J. Rausch

P. O. Address Marysville, Ohio, RFD

Sworn to before me and signed in my presence this 28th *day of* May, *19* 45.

Betty Geer
Deputy

(Seal)

Probate Court, Union **County, Ohio**

May 28, *19* 45

Case No. A-621

ORDER FOR HEARING

In the Matter of the registration of birth

of Emma Barbara Rupright

This day Emma Barbara Rupright *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 dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

May 28, 19 45

In the Matter of the
REGISTRATION OF BIRTH
of Emma Barbara Rupright

Case No. A-621

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Emma Barbara Rupright *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 Rupright, brother, and William Rausch, uncle, 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) Darby Township
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 36 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Darby Township
(d) Street No.

3. Full name of child Rupright, Emma Barbara

4. Date of birth May 16, 1897

5. Sex: Female

6. Twin or triplet no If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Rupright, Martin Philip
10. Color or race White 11. Age at time of this birth 40 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Rausch, Katherine
16. Color or race White 17. Age at time of this birth 36 yrs.
18. Birthplace Union County, 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? 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 unknown
Address
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Anna Pearl Sanders

Case No. A-622

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) Richwood
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 18 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood
(d) Street No.

3. Full name of child Sanders, Anna Pearl

4. Date of birth Aug. 16, 1887

5. Sex: Female

6. Twin or triplet no If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Sanders, William D.
10. Color or race White 11. Age at time of this birth 23 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Cheney, Alona H.
16. Color or race White 17. Age at time of this birth 18 yrs.
18. Birthplace Union County, 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. Hall
Address Richwood, Ohio
M. D., midwife, or other

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.*

Anna Pearl Sanders Beicher
Applicant.

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.*

Anna Pearl Sanders Beicher
Applicant.

P. O. Address Marion, Ohio

Sworn to before me and signed in my presence this 31st *day of* May, *19* 45.

Betty Geer
Deputy

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address ..... *Attending Physician.*

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

.....

The State of Ohio, Union **County, ss:**

I, Adele M. Kagay, 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.*

Adele M. Kagay

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 31st *day of* May, *19* 45.

Betty Geer
Deputy

(Seal)

The State of Ohio, Union **County, ss:**

I, Alona H. Gowey, 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.*

Alona H. Gowey

P. O. Address Lakeside, Ohio

Sworn to before me and signed in my presence this 31st *day of* May, *19* 45.

Betty Geer
Deputy

(Seal)

Probate Court, Union County, Ohio

May 31, *19* 45.

In the Matter of the registration of birth

of Anna Pearl Sanders

Case No. A-622

ORDER FOR HEARING

This day Anna Pearl Sanders Beicher *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 dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

In the Matter of the
REGISTRATION OF BIRTH
of Anna Pearl Sanders

May 31, 19 45

Case No. A-622

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Anna Pearl Sanders Beicher
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 Adele M. Kagay and Alona H. Gowey, 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
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 18 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood
(d) Street No.

3. Full name of child Sanders, Anna Pearl
4. Date of birth Aug. 16, 1887
5. Sex: Female
6. Twin or triplet no; If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Sanders, William D.
10. Color or race White 11. Age at time of this birth 23 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Cheney, Alona H.
16. Color or race White 17. Age at time of this birth 18 yrs.
18. Birthplace Union County, 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. Hall
Address Richwood, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Mazil Snider

Case No. A-623

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
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 30 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No. .....

3. Full name of child Snider, Mazil
4. Date of birth Apr. 6, 1890
5. Sex: Female
6. Twin or triplet no If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Snider, Adam
10. Color or race White 11. Age at time of this birth 45 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation merchant
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Hopkins, Leanna R.
16. Color or race White 17. Age at time of this birth 35 yrs.
18. Birthplace Portsmouth, 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? 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. Buffington
Address Marysville, Ohio
M. D., midwife, or other .....

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.*

Mazil Snider
Applicant.

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.*

Mazil Snider
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 11th *day of* June, *19* 45

Betty Geer
Deputy Clerk

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Elmo Snider, 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.*

Elmo Snider

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 11th *day of* June, *19* 45

Betty Geer
Deputy Clerk

(Seal)

The State of Ohio, Union **County, ss:**

I, Opal B. Kennedy, 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.*

Opal B. Kennedy

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 11th *day of* June, *19* 45

Betty Geer
Deputy Clerk

(Seal)

Probate Court, Union County, Ohio

June 11, *19* 45

Case No. A-623

In the Matter of the registration of birth

of Mazil Snider

ORDER FOR HEARING

This day Mazil Snider *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 dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

Sworn to before me and signed in my presence, this.....day of....., 19.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

June 11, 19 45

In the Matter of the
REGISTRATION OF BIRTH
of Mazil Snider

Case No. A-623

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Mazil Snider *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 Elmo Snider and Opal B. Kennedy, 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
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 30 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No.

3. Full name of child Snider, Mazil

4. Date of birth Apr. 6, 1890

5. Sex: Female

6. Twin or triplet no; If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Snider, Adam
10. Color or race White 11. Age at time of this birth 45 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation merchant
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Hopkins, Leanna R.
16. Color or race White 17. Age at time of this birth 35 yrs.
18. Birthplace Portsmouth, 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? 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. Buffington
Address Marysville, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, ... County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Rachel Jeannette Pheasant

Case No. A-624

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Montgomery *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) Taylor Township
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 24 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Taylor Township
(d) Street No. .....

3. Full name of child Pheasant Rachel Jeannette
4. Date of birth June 30, 1882
5. Sex: Female
6. Twin or triplet No If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? Yes

FATHER OF CHILD
9. Full name Pheasant, Peter
10. Color or race White 11. Age at time of this birth 27 yrs.
12. Birthplace Licking County Ohio
13. Usual occupation Stationary engineer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Gibson, Rachel Ann
16. Color or race White 17. Age at time of this birth 24 yrs.
18. Birthplace Wilmington, 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? 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. Burkham
Address Broadway, Ohio
M. D., midwife, or other .....

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 to the registration of her birth, *as provided by law.*

Rachel Jeannette Pheasant- Phelps *
Applicant.

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.*

Rachel Jeannette Pheasant-Phelps *
Applicant.

P. O. Address 25 So. Robert Blvd. Dayton Ohio

Sworn to before me and signed in my presence this 5th *day of* July, *19* 45.

Betty Geer *
Deputy Clerk

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....

Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

.....

.....

The State of Ohio, Union **County, ss:**

I, Richard Robbins, *do hereby certify that 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 Robbins *

P. O. Address Broadway, Ohio

Sworn to before me and signed in my presence this 5th *day of* July, *19* 45.

Betty Geer*
Deputy Clerk

The State of Ohio, Union **County, ss:**

I, H. B. Turney, *do hereby certify that 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. B. Turney *

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 5th *day of* July, *19* 45

Betty Geer*
Deputy Clerk

Probate Court, Union **County, Ohio**

In the Matter of the Registration of birth

of Rachel Jeannette Pheasant

July 5, *19* 45

Case No. .....

ORDER FOR HEARING

This day Rachel Jeannette Pheasant Phelps *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W Daily *

Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

Sworn to before me and signed in my presence, this.....day of....., 19.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

July 5, 19 45

In the Matter of the
REGISTRATION OF BIRTH
of Rachel Jeannette Pheasant

Case No. A-624

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Rachel Jeannette Pheasant Phelps *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 Robbins and H. R. Turney, 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 Township
(c) Name of hospital or institution: Home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 24

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Taylor Township
(d) Street No.

3. Full name of child Pheasant Rachel Jeannette

4. Date of birth June 30, 1882

5. Sex: Female

6. Twin or triplet no If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Pheasant, Peter
10. Color or race White 11. Age at time of this birth 27 yrs.
12. Birthplace Licking County Ohio
13. Usual occupation Stationary Engineer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Gibson, Rachel Ann
16. Color or race White 17. Age at time of this birth 24 yrs.
18. Birthplace Wilmington 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? 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. Burkham
Address Broadway, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of John David Allemang

Case No. A-625

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) Delaware
(c) Name of hospital or institution: 41 Fair Avenue
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 4 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Delaware
(c) Delaware
(d) Street No. 41 Fair Avenue

3. Full name of child Allemang, John David

4. Date of birth Feb. 16, 1928

5. Sex: male

6. Twin or triplet no If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Allemang, Randall William
10. Color or race White 11. Age at time of this birth 33 yrs.
12. Birthplace Fayette Co. Ohio
13. Usual occupation laborer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Oldacre, Ada Esther
16. Color or race White 17. Age at time of this birth 31 yrs.
18. Birthplace Ritchie Co. West Va.
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. Potts
Address Delaware, 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.*

John David Allemang
Applicant.

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 David Allemang
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 13th *day of* August, *19* 45.

Betty Geer
Deputy Clerk

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....

Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

.....

.....

The State of Ohio, Union **County, ss:**

I, Ada Esther Allemang, 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 Esther Allemang

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 13th *day of* August, *19* 45

Betty Geer
Deputy Clerk

(Seal)

The State of Ohio, Union **County, ss:**

I, George H. Allemang, 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.*

George H. Allemang

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 13th *day of* August, *19* 45

Betty Geer
Deputy Clerk

(Seal)

Probate Court, Union County, Ohio

August 13, *19* 45.

In the Matter of the registration of birth

of John David Allemang

Case No. A-625

ORDER FOR HEARING

This day John David Allemang *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 dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 13, 19 45

In the Matter of the

REGISTRATION OF BIRTH

of John David Allemang

Case No. A-625

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of John David Allemang *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 Esther Allemang and George H. Allemang, 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 Delaware
(b) Delaware
(c) Name of hospital or institution: 41 Fair Avenue
(d) Mother's stay before delivery:
In hospital or institution..... In this community 4 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Delaware
(c) Delaware
(d) Street No. 41 Fair Avenue

3. Full name of child Allemang, John David

4. Date of birth Feb.16,1928

5. Sex: male

6. Twin or triplet no; If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Allemang, Randall William
10. Color or race White 11. Age at time of this birth 33 yrs.
12. Birthplace Fayette Co. Ohio
13. Usual occupation laborer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Oldacre, Ada Esther
16. Color or race White 17. Age at time of this birth 31 yrs.
18. Birthplace Ritchie Co., West Va.
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. Potts
Address Delaware, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Celia Joanne Weaver

Case No. A-626

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Columbus *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
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 18 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No. 311 West 6th Street

3. Full name of child Weaver, Celia Joanne

4. Date of birth Sept. 30, 1907

5. Sex: Female

6. Twin or triplet no If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Weaver, Harry
10. Color or race White 11. Age at time of this birth 42 yrs.
12. Birthplace Madison Co. Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Figley, Myrtle
16. Color or race White 17. Age at time of this birth 31 yrs.
18. Birthplace Indiana
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. D. Mills
Address Marysville, Ohio
M. D., midwife, or other

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.*

Celia Joanne Weaver Youman
Applicant.

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.*

Celia Joanne Weaver Youman
Applicant.

P. O. Address 260 West Como Ave. Columbus, O.

Sworn to before me and signed in my presence this 19th *day of* September, *19* 45.

Betty Geer
Deputy Clerk

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

.....

.....

The State of Ohio, Union **County, ss:**

I, Harry D. Harris, 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.*

Harry Delos Harris

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 19th *day of* September, *19*45.

Betty Geer
Deputy Clerk

(Seal)

The State of Ohio, Union **County, ss:**

I, Florence Ottella Harris, 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.*

Florence Ottella Harris

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 19th *day of* September, *19* 45.

Betty Geer
Deputy Clerk

(Seal)

Probate Court, Union County, Ohio

September 19, *19* 45.

In the Matter of the registration of birth

of Celia Joanne Weaver

Case No. A-626

ORDER FOR HEARING

This day Celia Joanne Weaver Youman *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

Sworn to before me and signed in my presence, this.....day of....., 19.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

September 19, 1945

In the Matter of the
REGISTRATION OF BIRTH
of Celia Joanne Weaver

Case No. A-626

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Celia Joanne Weaver Youman *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 Harry D. Harris and Florence Ottella Harris, 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
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 18 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No. 311 West 6th Street

3. Full name of child Weaver, Celia Joanne

4. Date of birth Sept. 30, 1907

5. Sex: Female

6. Twin or triplet no If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Weaver, Harry
10. Color or race White 11. Age at time of this birth 42 yrs.
12. Birthplace Madison Co. Ohio
13. Usual occupation farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Figley, Myrtle
16. Color or race White 17. Age at time of this birth 31 yrs.
18. Birthplace Indiana
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. D. Mills
Address Marysville, Ohio
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Lewis Dana Shear

Case No. A-627

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) Darby Township
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 18 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Darby Township
(d) Street No.

3. Full name of child Shear, Lewis Dana
4. Date of birth May 20, 1897
5. Sex: Male
6. Twin or triplet no If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Shear, Henry
10. Color or race White 11. Age at time of this birth 40 yrs.
12. Birthplace Portsmouth, Scioto Co. Ohio
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Bonzo, Rachel
16. Color or race White 17. Age at time of this birth 38 yrs.
18. Birthplace Portsmouth, Scioto 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? 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. Will Gardener
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 the registration of his birth, *as provided by law.*

Lewis Dana Shear
Applicant.

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 Dana Shear
Applicant.

P. O. Address 1204 Oakwood Ave. Columbus, Ohio

Sworn to before me and signed in my presence this 22nd *day of* September, *19* 45.

Betty Geer
Deputy Clerk

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Rachel Shear, 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.*

Rachel Shear

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 22nd *day of* September, *19* 45.

Betty Geer
Deputy Clerk

(Seal)

The State of Ohio, Union **County, ss:**

I, Albert Shear, 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.*

Albert Shear

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 22nd *day of* September, *19* 45

Betty Geer
Deputy Clerk

(Seal)

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Lewis Dana Shear

September 22, *19* 45.

Case No. A-627

ORDER FOR HEARING

This day Lewis Dana Shear *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 dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

September 22, 19 45

In the Matter of the
REGISTRATION OF BIRTH
of Lewis Dana Shear

Case No. A-627

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lewis Dana Shear *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 Rachel Shear and Albert Shear, 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) Darby Township
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 18 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Darby Township
(d) Street No. .....

3. Full name of child Shear, Lewis Dana

4. Date of birth May 20, 1897

5. Sex: Male

6. Twin or triplet no; If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Shear, Henry
10. Color or race White 11. Age at time of this birth 40 yrs.
12. Birthplace Portsmouth, Scioto Co. Ohio
13. Usual occupation farmer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Bonzo, Rachel
16. Color or race White 17. Age at time of this birth 38 yrs.
18. Birthplace Portsmouth, Scioto 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? 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. Will Gardener
Address Plain City, Ohio
.....
M. D., midwife, or other .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Alda Estella Feenan

Case No. A-628

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
(c) Name of hospital or institution: near Essex
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 25 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Essex
(d) Street No. .....

3. Full name of child Feenan, Alda Estella

4. Date of birth 27 Dec. 1880

5. Sex: Female

6. Twin or triplet no If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Feenan, Martin
10. Color or race W. 11. Age at time of this birth 25 yrs.
12. Birthplace Baltimore, Maryland
13. Usual occupation laborer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Godfrey, Lutricia
16. Color or race W. 17. Age at time of this birth 25 yrs.
18. Birthplace Union, 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 .....

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.*

Alda Estella 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 she *verily believes.*

Alda Estella Graham
Applicant.

P. O. Address West Mansfield, Ohio, R.#1

Sworn to before me and signed in my presence this 22 *day of* October, *19* 45

(Seal)

F. LeRoy Allen
F.LeRoy Allen, Notary Public in and for the State of Ohio. My commission expires 2/15/48

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....

Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

(Seal)

.....

The State of Ohio, Union **County, ss:**

I, C. C. 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.*

C. C. Graham

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 29th *day of* October, *19* 45

Betty Geer
Deputy Clerk

(Seal)

The State of Ohio, Union **County, ss:**

I, Lou E. 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.*

Lou E. Graham

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 29th *day of* October, *19* 45

Betty Geer
Deputy Clerk

(Seal)

Probate Court, Union County, Ohio

October 29, *19* 45

In the Matter of the registration of birth

of Alda Estella Feenan

Case No. A-628

ORDER FOR HEARING

This day Alda Estella Feenan Graham *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, notice dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony in said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

October 29, 19 45

In the Matter of the
REGISTRATION OF BIRTH
of Alda Estella Feenan

Case No. A-628

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Alda Estella Feenan *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 C. C. Graham and Lou 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) Jackson
(c) Name of hospital or institution: near Essex
(d) Mother's stay before delivery:
In hospital or institution..... In this community 25 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Essex
(d) Street No.

3. Full name of child Feenan, Alda Estella

4. Date of birth Dec. 27, 1880

5. Sex: F.

6. Twin or triplet no If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Feenan, Martin
10. Color or race W. 11. Age at time of this birth 25 yrs.
12. Birthplace Baltimore, Maryland
13. Usual occupation Laborer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Godfrey, Lutricia
16. Color or race W. 17. Age at time of this birth 25 yrs.
18. Birthplace Union 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

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Mary Cleo Bumgartner

Case No. A-629

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) Washington Township
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 1 yr.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Washington Township
(d) Street No. .....

3. Full name of child Bumgartner, Mary Cleo
4. Date of birth July 7, 1886
5. Sex: Female
6. Twin or triplet no If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Bumgartner, John William
10. Color or race White 11. Age at time of this birth 22 yrs.
12. Birthplace Marion County, Ohio
13. Usual occupation farmer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Porterfield, Mary Elizabeth
16. Color or race White 17. Age at time of this birth 21 yrs.
18. Birthplace Delaware County, 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. W. B. Duke
Address Richwood, Ohio
M. D., midwife, or other .....

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 Cleo 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 she *verily believes.*

Mary Cleo Chandler
Applicant.

P. O. Address Route # 2, Richwood, Ohio

Sworn to before me and signed in my presence this 9th *day of* November, *19* 45.

Betty Geer
Deputy Clerk

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

.....

.....

The State of Ohio, Union **County, ss:**

I, Amanda Jones, 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.*

Amanda Jones

P. O. Address Route 2, Richwood, Ohio

Sworn to before me and signed in my presence this 9th *day of* November, *19* 45.

Betty Geer
Deputy Clerk

(Seal)

The State of Ohio, Union **County, ss:**

I, Addie Stiggers, 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.*

Addie Stiggers

P. O. Address Route 3, Richwood, Ohio

Sworn to before me and signed in my presence this 9th *day of* November, *19* 45.

Betty Geer
Deputy Clerk

(Seal)

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Mary Cleo Bumgartner

November 9, *19* 45.
Case No. A-629
ORDER FOR HEARING

This day Mary Cleo Bumgartner Chandler *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

Sworn to before me and signed in my presence, this.....day of....., 19.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

November 9, 1945

In the Matter of the

REGISTRATION OF BIRTH

of Mary Cleo Bumgartner

Case No. A-629

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Mary Cleo Bumgartner Chandler *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 Jones and Addie Stiggers, 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 Township
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 1 yr.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Washington Township
(d) Street No.

3. Full name of child Bumgartner, Mary Cleo

4. Date of birth July 7, 1886

5. Sex: Female

6. Twin or triplet no; If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Bumgartner, John William
10. Color or race White 11. Age at time of this birth 22 yrs.
12. Birthplace Marion County, Ohio
13. Usual occupation farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Porterfield, Mary Elizabeth
16. Color or race White 17. Age at time of this birth 21 yrs.
18. Birthplace Delaware County, 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. W. B. Duke
Address Richwood, Ohio
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Frank Leo Hendrickson

Case No. A-632

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) Marion Township
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 30 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Marion
(c) Marion Township
(d) Street No.

3. Full name of child Hendrickson, Frank Leo
4. Date of birth June 21, 1899
5. Sex: Male
6. Twin or triplet no If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Hendrickson, James William
10. Color or race White 11. Age at time of this birth 36 yrs.
12. Birthplace Marion County, Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Lytle, Elizabeth
16. Color or race White 17. Age at time of this birth 30 yrs.
18. Birthplace Union County, 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? 1
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Prude Berry, Midwife
Address Marion, 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.*

Frank Leo Hendrickson
Applicant.

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 Leo Hendrickson
Applicant.

P. O. Address Richwood, Ohio, Route 3

Sworn to before me and signed in my presence this 1st *day of* December, *19* 45.

Betty Geer
Deputy Clerk

(Seal)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19* .....

The State of Ohio, Union **County, ss:**

I, James William Hendrickson, 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.*

James William (His X Mark) Hendrickson

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 1st *day of* December, *19* 45.

Betty Geer
Deputy Clerk

(Seal)

The State of Ohio, Union **County, ss:**

I, Emery Fausnaugh, 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.*

Emery (His X Mark) Fausnaugh

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 1st *day of* December, *19* 45.

Betty Geer
Deputy Clerk

(Seal)

Probate Court, Union County, Ohio

December 1, *19* 45.

In the Matter of the registration of birth

of Frank Leo Hendrickson

Case No. A-632

ORDER FOR HEARING

This day Frank Leo Hendrickson *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 dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

December 1, 19 45

In the Matter of the
REGISTRATION OF BIRTH
of Frank Leo Hendrickson

Case No. A-632

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Frank Leo Hendrickson *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 William Hendrickson, father, and Emery Fausnaugh, uncle, 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 Marion
(b) Marion Township
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 30 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Marion
(c) Marion Township
(d) Street No.

3. Full name of child Hendrickson, Frank Leo

4. Date of birth June 21, 1899

5. Sex: Male

6. Twin or triplet no; If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Hendrickson, James William
10. Color or race White 11. Age at time of this birth 36 yrs.
12. Birthplace Marion County, Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Lytle, Elizabeth
16. Color or race White 17. Age at time of this birth 30 yrs.
18. Birthplace Union County, 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? 1
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Prude Berry, Midwife
Address Marion, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Emma Jane Rains

Case No. A-633

APPLICATION

Your applicant respectfully represents that she *was born in* Madison *County, Ohio; that* she *now resides in* 226 Elwood Ave. Marysville XXXX *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 Madison

(b) Monroe

(c) Name of hospital or institution: none

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 15 y.

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Madison

(c) Monroe

(d) Street No. .....

3. Full name of child Rains, Emma Jane

4. Date of birth Aug. 1, 1883

5. Sex: female

6. Twin or triplet no If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Rains, William Pearl

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Ross County, Ohio

13. Usual occupation farmer

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Huddle, Josephine

16. Color or race white 17. Age at time of this birth 28 yrs.

18. Birthplace Franklin County, 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? 2

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 2

22. Attending Physician or Midwife:

Name (do not know)

Address .....

M. D., midwife, or other .....

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.*

Emma Jane Rains 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 she *verily believes.*

Emma Jane Rains Reed
Applicant.

P. O. Address 226 Elwood Avenue, Marysville, Ohio

Sworn to before me and signed in my presence this 3rd *day of* December, *19* 45

Alnet Mayer

(Seal) Alnet Mayer, Notary Public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Elizabeth Crites, 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.*

Elizabeth Crites

P. O. Address 733 North Maple Street, Marysville, Ohio

Sworn to before me and signed in my presence this 3rd *day of* December, *19* 45.

John W. Dailey
P. J.

(Seal)

The State of Ohio, Union **County, ss:**

I, Edward Rains, 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.*

William Edward Raines

P. O. Address Main and Elwood Avenue, Marysville, Ohio

Sworn to before me and signed in my presence this 3rd *day of* December, *19* 45.

John W. Dailey
P. J.

(Seal)

Probate Court, Union County, Ohio

December 3, *19* 45.

In the Matter of the registration of the birth

of Emma Jane Rains

Case No. A-633

ORDER FOR HEARING

This day Emma Jane Rains Reed *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application be forthwith hand and that notice thereof be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

December 3, 19 45

In the Matter of the
REGISTRATION OF BIRTH
of Emma Jane Rains

Case No. A-633

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Emma Jane Rains
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* Elizabeth Crites and Edward Rains *; 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) Monroe
(c) Name of hospital or institution: none
(d) Mother's stay before delivery:
In hospital or institution..... In this community 15 y.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Madison
(c) Monroe
(d) Street No. .....

3. Full name of child Rains, Emma Jane

4. Date of birth Aug. 1, 1883

5. Sex: female

6. Twin or triplet no If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Rains, William Pearl
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Ross County, Ohio
13. Usual occupation farmer
14. Industry or business farming

MOTHER OF CHILD
15. Full maiden name Huddle, Josephine
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Franklin County, 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? 2
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 2

22. Attending Physician or Midwife:
Name (do not know)
Address .....
.....
M. D., midwife, or other .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Mose Brown

Case No. A-635

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville *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
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 38 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Paris Township
(d) Street No. .....

3. Full name of child Brown, Mose

4. Date of birth July 12, 1880

5. Sex: Male

6. Twin or triplet no If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? no

FATHER OF CHILD
9. Full name unknown
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace .....
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Brown, Amelia
16. Color or race White 17. Age at time of this birth 38 yrs.
18. Birthplace Union County, Ohio
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. Southard
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.*

Mose Brown
Applicant.

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.*

Mose Brown
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 8th *day of* January, *19* 46.

Betty Geer
Deputy Clerk

(Seal)

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Asa Gibson, 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.*

Asa Gibson

P. O. Address New Dover, Ohio

Sworn to before me and signed in my presence this 8th *day of* January, *19* 46.

Betty Geer
Deputy Clerk

(Seal)

The State of Ohio, Union **County, ss:**

I, Arthur Hawley, 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.*

Arthur Hawley

P. O. Address R.D., Marysville, Ohio

Sworn to before me and signed in my presence this 8th *day of* January, *19* 46

Betty Geer
Deputy Clerk

(Seal)

Probate Court, Union **County, Ohio**

January 8, *19* 46

In the Matter of the the registration of birth

of Mose Brown

Case No. A-635

ORDER FOR HEARING

This day Mose Brown *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 dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

January 8, 1946

In the Matter of the
REGISTRATION OF BIRTH
of Mose Brown

Case No. A-635

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Mose Brown *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 Gibson and Arthur Hawley; *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
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 38 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Paris Township
(d) Street No.

3. Full name of child Brown, Mose

4. Date of birth July 12, 1880

5. Sex: Male

6. Twin or triplet no If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? no

FATHER OF CHILD

9. Full name unknown
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace
13. Usual occupation
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Brown, Amelia
16. Color or race White 17. Age at time of this birth 38 yrs.
18. Birthplace Union County, Ohio
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. Southard
Address Marysville, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of Birth

of Robert Maxwell McAllister

Case No. A-636

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) Leesburg Township
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 9 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg Township
(d) Street No.

3. Full name of child McAllister, Robert Maxwell
4. Date of birth June 2, 1892
5. Sex: Male
6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? Yes

FATHER OF CHILD
9. Full name McAllister, Lennington W.
10. Color or race White 11. Age at time of this birth 34 yrs.
12. Birthplace Sunbury, Ohio
13. Usual occupation Farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Wilcox, Ruth Ann
16. Color or race White 17. Age at time of this birth 33 yrs.
18. Birthplace Powell, Ohio
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?
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Henderson
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.*

Robert Maxwell 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.*

Robert Maxwell McAllister
Applicant.

P. O. Address 209 Forest St. Marion, Ohio

Sworn to before me and signed in my presence this 19 *day of* February, *19* 46.

John W. Dailey
John W. Dailey, Probate Judge

(Seal)

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

The State of Ohio, Union **County, ss:**

I, Frances Martin, *do hereby certify that 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 Martin

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 19 *day of* February, *19* 46.

John W. Dailey
John W. Dailey, Probate Judge

(Seal)

The State of Ohio, Union **County, ss:**

I, Bessie Crider, *do hereby certify that 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 Crider

P. O. Address 240 Chestnut St. Marysville, Ohio

Sworn to before me and signed in my presence this 19 *day of* February, *19* 46.

John W. Dailey
John W. Dailey, Probate Judge

(Seal)

Probate Court, Union **County, Ohio**

February 19, *19* 46.

In the Matter of the registration of birth

of Robert Maxwell McAllister

Case No. A-636

ORDER FOR HEARING

This day Robert Maxwell 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 be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

February 19, 1946

In the Matter of the
REGISTRATION OF BIRTH
of Robert Maxwell McAllister

Case No. A-636

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Robert Maxwell 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* the testimony of Frances Martin and Bessie Crider, 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) Leesburg Township
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 9 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg Township
(d) Street No. .....

3. Full name of child McAllister, Robert Maxwell
4. Date of birth June 2, 1892
5. Sex: male
6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name McAllister, Lennington W.
10. Color or race White 11. Age at time of this birth 34 yrs.
12. Birthplace Sunbury, Ohio
13. Usual occupation farming
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Wilcox, Ruth Ann
16. Color or race White 17. Age at time of this birth 33 yrs.
18. Birthplace Powell, Ohio
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?.....
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Henderson
Address Marysville, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Carrie Ferne Mills

Case No. A-637

APPLICATION

Your applicant respectfully represents that she *was born in* Fairfield *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 Fairfield
(b) Pleasantville
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 10 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Fairfield
(c) Pleasantville
(d) Street No.

3. Full name of child Mills, Carrie Ferne
4. Date of birth Oct. 7, 1886
5. Sex: Female
6. Twin or triplet no If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Mills, Charles D.
10. Color or race White 11. Age at time of this birth 29 yrs.
12. Birthplace Logan, Ohio
13. Usual occupation M. D.
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Stewart, Ella Ann
16. Color or race White 17. Age at time of this birth 29 yrs.
18. Birthplace Jacktown, 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. C. D. Mills
Address Pleasantville, Ohio
M. D., midwife, or other

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 Ferne Mills
Applicant.

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.*

Ferne Mills
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 21 *day of* February, *19* 46.

John W. Dailey
Probate Judge (Seal)

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

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*.....

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*.....

Probate Court, Union **County, Ohio**

February 21, *19* 46

In the Matter of the registration of birth

of Carrie Ferne Mills

Case No. A-637

ORDER FOR HEARING

This day Carrie Ferne Mills *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

February 21, 19 46

In the Matter of the
REGISTRATION OF BIRTH
of Carrie Ferne Mills

Case No. A-637

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Carrie Ferne Mills *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* clear and convincing documentary evidence; *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 Fairfield
(b) Pleasantville
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 10 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Fairfield
(c) Pleasantville
(d) Street No. .....

3. Full name of child Mills, Carrie Ferne
4. Date of birth Oct. 7, 1886
5. Sex: Female
6. Twin or triplet no
If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Mills, Charles D.
10. Color or race White 11. Age at time of this birth 29 yrs.
12. Birthplace Logan, Ohio
13. Usual occupation M. D.
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Stewart, Ella Ann
16. Color or race White 17. Age at time of this birth 29 yrs.
18. Birthplace Jacktown, 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. C. D. Mills
Address Pleasantville, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

To Have J.C. Bartel Examined

It is further ordered that this proceeding be recorded and that 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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of birth

of Frank Willis Moore

Case No. A-638 ✓

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Toledo *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
(c) Name of hospital or institution: Home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 8 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood, Corpn.
(d) Street No. Ottawa Street

3. Full name of child Moore Frank Willis
4. Date of birth Oct 2 1898
5. Sex: Male
6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Moore Delphos A.
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace Pennsylvania
13. Usual occupation laborer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Lewis Nettie
16. Color or race White 17. Age at time of this birth 25 yrs.
18. Birthplace Franklin County 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 Dr. Sawyer
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.*

Frank W. 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.*

Frank Willis Moore
Applicant.

P. O. Address 1845 Superior, Toledo, Ohio

Sworn to before me and signed in my presence this 2 *day of* April, *19* 46

John W. Dailey
Probate Judge

AFFIDAVIT

Probate Court, Union County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

.....

The State of Ohio, Union **County, ss:**

I, Nettie J. 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.*

Nettie J. Moore

P. O. Address Mt. Victory, Ohio

Sworn to before me and signed in my presence this 2 *day of* April, *19* 46

John W. Dailey
Probate Judge

The State of Ohio, Union **County, ss:**

I, Ethel Butler, *do hereby certify that 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 Butler

P. O. Address Mt. Victory, Ohio

Sworn to before me and signed in my presence this 2 *day of* April, *19* 46

John W. Dailey
Probate Judge

Probate Court, Union County, Ohio
April 2, *19* 46

In the Matter of the the registration of
of the birth of Frank Willis Moore

Case No. A-638

ORDER FOR HEARING

This day Frank Willis 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 that notice thereof be dispensed with

It is further ordered by The Court that ..... *be and hereby is* ~~*appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary*~~; *and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
REGISTRATION OF BIRTH
of Frank Willis Moore

Case No. A-638

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Frank Willis 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* testimony of Nettie J. Moore and Ethel Butler
; 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
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 8 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood Corpn.
(d) Street No. Ottawa Street

3. Full name of child Moore Frank Willis
4. Date of birth Oct 2, 1898
5. Sex:
6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Moore Delphos A.
10. Color or race White 11. Age at time of this birth 35 yrs.
12. Birthplace Pennsylvania
13. Usual occupation laborer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Lewis Nettie
16. Color or race White 17. Age at time of this birth 25 yrs.
18. Birthplace Franklin County, 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 Dr. Sawyer
Address
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19 46

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

VOID Put on wrong Reg. and Birth Record- for right Vol. see Birth and Reg. book Vol. 3, Page 187-A.

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of Birth

of Simeon F. Burnham

Case No. A-675

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Sheffield, Texas *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
(c) Name of hospital or institution: R.F.D. Milford Center, Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 35yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) R.F.D. Milford Center, Union Twp.
(d) Street No.

3. Full name of child Burnham Simeon F.

4. Date of birth April 30, 1868

5. Sex: Male

6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy .....

8. Mother married? Yes

FATHER OF CHILD

9. Full name Burnham Nicholas Hathway
10. Color or race White 11. Age at time of this birth 38 yrs.
12. Birthplace Milford Center, Ohio
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Hopkins Emelina Elizabeth
16. Color or race White 17. Age at time of this birth 35 yrs.
18. Birthplace Milford Center, 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? 3
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name Dr. Aaron Boylan
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 registration of his birth, *as provided by law.*

Simeon F. Burnham
Applicant.

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.*

Simeon F. Burnham
Applicant.

P. O. Address Sheffield, Texas

Sworn to before me and signed in my presence this 20th *day of* March, *19* 48.

John W. Dailey
Probate Judge

(SEAL)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address ..... *Attending Physician.*

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

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*.....

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*.....

Probate Court, Union County, Ohio

March 20th, *19* 48

In the Matter of the Registration of birth

of Simeon F. Burnham

Case No. A-675

ORDER FOR HEARING

This day Simeon F. Burnham *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application forthwith and that notice thereof be dispensed with

It is further ordered by The Court that ~~applicant be sworn and take sworn testimony on said application, if the services of a Master Commissioner are necessary and this~~ *cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

March 20th, *19* 48

In the Matter of the
REGISTRATION OF BIRTH
of Simeon F. Burnham

Case No. A-675

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Simeon F. Burnham
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* clear and convincing 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) Milford Center Union
(c) Name of hospital or institution: R.F.D. Milford Center, Ohio
(d) Mother's stay before delivery:
In hospital or institution..... In this community 35yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) R.F.D. Milford Center, Union Twp.
(d) Street No.

3. Full name of child Burnham Simeon F.

4. Date of birth April 30th 1868

5. Sex: Male

6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy.....

8. Mother married? Yes

FATHER OF CHILD
9. Full name Burnham Nicholas Hathway
10. Color or race White 11. Age at time of this birth 38 yrs.
12. Birthplace Milford Center, Ohio
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD
15. Full maiden name Hopkins Emelina Elizabeth
16. Color or race White 17. Age at time of this birth 35 yrs.
18. Birthplace Milford Center, 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?.....
(b) 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. Aaron Boylan
Address Milford Center
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

Void On Wrong Reg of Birth Rec Vol. See Reg. of Birth Vol 3 Page 217

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the

of Jerald Walter Jerew

Case No. A-687

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marion, Ohio *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) Richwood, Claibourne Twp.
(c) Name of hospital or institution: Clinton Street
(d) Mother's stay before delivery:
In hospital or institution No In this community

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood, Claibourne Twp.
(d) Street No. Clinton Street

3. Full name of child Jerew Jerald Walter

4. Date of birth 12/11/28

5. Sex: M

6. Twin or triplet No If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9 Mos.

8. Mother married? Yes

FATHER OF CHILD
9. Full name Jerew William Sidney
10. Color or race white 11. Age at time of this birth 31 yrs.
12. Birthplace Greencamp Twp. Ohio
13. Usual occupation Farmer
14. Industry or business "

MOTHER OF CHILD
15. Full maiden name Douglas Martha Dell
16. Color or race White 17. Age at time of this birth 23 yrs.
18. Birthplace Radnor 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? 3
(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. Finfrock
Address Prospect, Ohio
M. D., midwife, or other M.D.

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 Jerald Walter Jerew's birth *as provided by law.*

Martha Dell Jerew
Applicant.

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.*

Martha Dell Jerew
Applicant.

P. O. Address R.F.D.#2, Richwood, Ohio

Sworn to before me and signed in my presence this 18th *day of* January, *19* 49

Robert F. Allen
(Seal) Robert F. Allen, Notary Puhlic, State of Ohio
My Comm. Exp. 3/8/49

AFFIDAVIT

Probate Court, County, Ohio

In the Matter of the

of

The State of Ohio, County, ss:

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application 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)

The State of Ohio, Union **County, ss:**

I, William Jerew, 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.*

William Jerew

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 4 *day of* February, *19* 49

John W. Dailey
(Seal) John W. Dailey, Probate Judge

The State of Ohio, Union **County, ss:**

I, Martha Jerew, 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 Jerew

P. O. Address

Sworn to before me and signed in my presence this 4 *day of* February, *19* 49

John W. Dailey
(Seal) John W. Dailey, Probate Judge

Probate Court, Union County, Ohio

February 4, *19* 49

In the Matter of the Registration of birth

of Jerald Walter Jerew

Case No. A-687

ORDER FOR HEARING

This day Jerald Walter Jerew *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 xxxx

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

February 4th, *19* 49

In the Matter of the
REGISTRATION OF BIRTH
of Jerald Walter Jerew

Case No. A-687

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Jerald Walter Jerew
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 Jerew and Martha Jerew, 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 Claibourne Twp.
(c) Name of hospital or institution: Clinton Street
(d) Mother's stay before delivery:
In hospital or institution No In this community

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood Claibourne Twp.
(d) Street No. Clinton Street

3. Full name of child Jerew Jerald Walter
4. Date of birth 12/11/28
5. Sex: M
6. Twin or triplet No If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9 Mos.
8. Mother married? Yes

FATHER OF CHILD
9. Full name Jerew William Sidney
10. Color or race White 11. Age at time of this birth 31 yrs.
12. Birthplace Greencamp Twp. Ohio
13. Usual occupation Farmer
14. Industry or business "

MOTHER OF CHILD
15. Full maiden name Douglas Martha Dell
16. Color or race White 17. Age at time of this birth 23 yrs.
18. Birthplace Radnor 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? 3
(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. Finfrock
Address Prospect, Ohio
M. D., midwife, or other M.D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

Void On wrong Reg of Birth Rec. Vol
See Reg of Birth Vol 3 Page 213

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the

of Maxine Elizabeth Jerew

Case No. A-688

APPLICATION

Your applicant respectfully represents that she *was born in* Marion *County, Ohio; that* she *now resides in* Richwood, Ohio, Route #2xxx *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 Marion
(b) R.R. Greencamp Twp.
(c) Name of hospital or institution: Marion Route #2
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Marion
(c) Greencamp, Twp.
(d) Street No. Route #2

3. Full name of child Jerew Maxine Elizabeth

4. Date of birth 2/21/31

5. Sex: F

6. Twin or triplet No If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9 Mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Jerew William Sidney
10. Color or race White 11. Age at time of this birth 33 yrs.
12. Birthplace Greencamp Twp. Ohio
13. Usual occupation Farmer
14. Industry or business "

MOTHER OF CHILD

15. Full maiden name Douglas Martha Dell
16. Color or race White 17. Age at time of this birth 26 yrs.
18. Birthplace Radnor, 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? 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. Ferman M. Wurtsbaugh
Address Richwood, Ohio
M. D., midwife, or other M.D.

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 Maxine Elizabeth Jerew's birth *as provided by law.*

Martha Dell Jerew
Applicant.

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.*

Martha Dell Jerew
Applicant.

P. O. Address R.F.D.#2, Richwoodo Ohio

Sworn to before me and signed in my presence this 18 *day of* January, *19* 49.

Robert F. Allen

(Seal) Robert F. Allen, Notary Public, State of Ohio. My Comm. Exp. 3/8/49

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....

Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

.....

.....

The State of Ohio, Union **County, ss:**

I, Martha Jerew, 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 Jerew

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 4 *day of* February, *19* 49.

(Seal) John W. Dailey

John W. Dailey, Probate Judge

The State of Ohio, Union **County, ss:**

I, William Jerew, 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.*

William Jerew

P. O. Address Richwoodo Ohio

Sworn to before me and signed in my presence this 4 *day of* February, *19* 49.

(Seal) John W. Dailey

John W. Dailey, Probate Judge

Probate Court, Union County, Ohio

February 4, *19* 49

In the Matter of the Registration of birth *of* Maxine Elizabeth Jerew

Case No. A-688

ORDER FOR HEARING

This day Maxine Elizabeth Jerew *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 xxxx

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

February 4th, 19 49

In the Matter of the
REGISTRATION OF BIRTH
of Maxine Elizabeth Jerew

Case No. A-688

FINDING AND ORDER
REGISTRATION OF BIRTH
Maine Elizabeth Jerew

This day this cause came on to be heard on the application of.....
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 Martha Jerew and William Jerew, 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) R.R. Greencamp Twp.
(c) Name of hospital or institution: Marion Route #2
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Marion
(c) Greencamp, Twp.
(d) Street No. Route #2

3. Full name of child Jerew Maxine Elizabeth

4. Date of birth 2/21/31

5. Sex: F

6. Twin or triplet No If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9 Mos.

8. Mother married? Yes

FATHER OF CHILD
9. Full name Jerew William Sidney
10. Color or race White 11. Age at time of this birth 33 yrs.
12. Birthplace Greencamp Twp. Ohio
13. Usual occupation Farmer
14. Industry or business "

MOTHER OF CHILD
15. Full maiden name Douglas Martha Dell
16. Color or race White 17. Age at time of this birth 26 yrs.
18. Birthplace Radnor, 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? 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. Ferman M. Wurtsbaugh
Address Richwood, Ohio
M. D., midwife, or other M.D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Lilli Clara Otte

Case No. A-691

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Los Angeles, California ~~xxxxx~~ *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
(c) Name of hospital or institution: Home - West 4th St.
(d) Mother's stay before delivery:
In hospital or institution Home In this community

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No. West Fourth Street

3. Full name of child Otte, Lily (or Lillie) Clara

4. Date of birth Feb. 12, 1887

5. Sex: Female

6. Twin or triplet no If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Otte, William Henry
10. Color or race White 11. Age at time of this birth ....yrs.
12. Birthplace Germany
13. Usual occupation Clothier and Tailor
14. Industry or business Clothing business

MOTHER OF CHILD
15. Full maiden name Werner, Catherine Anna
16. Color or race white 17. Age at time of this birth ....yrs.
18. Birthplace Richmond, Indiana
19. Usual occupation Housewife
20. Industry or business None

21. Children born to this mother: --8--
(a) How many other children of this mother are now living?
(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. Southard (deceased)
Address Marysville, Ohio
M. D., midwife, or other

Your applicant further represents that the registration of her *birth* was not recorded

Your applicant hereby makes application for an order of the Court, directing registration of her birth, *as provided by law.*

Lily Clara Otte Weidman
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.*

Lily Clara Otte Weidman
Applicant.

P. O. Address 1309 Kemston Ave. Los Angeles 6, Calif.

Sworn to before me and signed in my presence this 26 *day of* May, *19* 49

Robert Asman My Commission Expires Jan. 13 1950

AFFIDAVIT

Probate Court, ...**County, Ohio**

In the Matter of the .....

of .....

The State of Ohio, ...**County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, ...**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*.....

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*.....

Probate Court, ...**County, Ohio**

....., *19*.....

In the Matter of the The registration of birth

of Lillie Clara Otte

Case No......

ORDER FOR HEARING

This day Lillie Clara Otte *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 thereof be dispensed with

It is further ordered by The Court that ....*be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

June 13, 19 49

In the Matter of the

REGISTRATION OF BIRTH

of Lillie Clara Otte

Case No. A-691

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lillie Clara Otte
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* documentary evidence of The Trinity Lutheran Church of Marysville, Ohio; *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
(c) Name of hospital or institution: home
(d) Mother's stay before delivery:
In hospital or institution.....In this community.....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No. WEST FOURTH STREET

3. Full name of child Otte, Lillie Clara

4. Date of birth Feb 12, 1887

5. Sex: Female

6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD
9. Full name Otte, William Henry
10. Color or race white 11. Age at time of this birth.....yrs.
12. Birthplace Germany
13. Usual occupation clothing business
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Werner, Catherine Anna
16. Color or race white 17. Age at time of this birth.....yrs.
18. Birthplace .....
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?.....
(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. Southard
Address Marysville, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of ~~the~~ Orley Green

of Magnetic Springs, Ohio

Case No. A-692

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Magnetic Springs, ~~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 Township
(c) Name of hospital or institution: Magnetic Springs, Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg Township
(d) Street No. .....

3. Full name of child Green Orley

4. Date of birth June 25, 1884

5. Sex: male

6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Green John L.
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Union County Ohio
13. Usual occupation Farmer
14. 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

MOTHER OF CHILD

15. Full maiden name Martha Belle DeWitt
16. Color or race white 17. Age at time of this birth 18 yrs.
18. Birthplace Union County Ohio
19. Usual occupation housewife
20. Industry or business .....

22. Attending Physician or Midwife:
Name Dr. McFadden
Address Richwood, 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.*

Orley Green
Applicant.

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.*

Orley Green
Applicant.

P. O. Address Magnetic Springs, Ohio

Sworn to before me and signed in my presence this 18th *day of* July, *19*49.

William L. Coleman
Notary Public, State of Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....

Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, Union **County, ss:**

I, Martha Belle DeWitt Green, 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.*

Martha Belle DeWitt Green

P. O. Address Magnetic Springs, Ohio

Sworn to before me and signed in my presence this 18th *day of* July, *19*49.

William L. Coleman
Notary Public, State of Ohio

The State of Ohio, Union **County, ss:**

I, Estella Herd, 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.*

Estella Herd

P. O. Address Magnetic Springs, Ohio

Sworn to before me and signed in my presence this 18th *day of* July, *19*49.

William L. Coleman
Notary Public, State of Ohio

Probate Court, Union County, Ohio

July 18, 19 49

In the Matter of the The Registration of Birth

of Orley Green

Case No. A-691

ORDER FOR HEARING

This day Orley Green *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~~ ~~the Clerk of this Court issue subpoenas for witnesses, if the services of a Master Commissioner are necessary, and this cause is continued.~~

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

Sworn to before me and signed in my presence, this.....day of....., 19.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

July 18th, 19 49

In the Matter of the
REGISTRATION OF BIRTH
of Orley Green

Case No. A-692

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Orley Green *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 Martha Belle DeWitt Green and Estella Herd *; 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
(c) Name of hospital or institution: Magnetic Springs, Ohio
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg Township
(d) Street No. .....

3. Full name of child Green Orley

4. Date of birth June 25, 1884

5. Sex: male

6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Green John L.
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Martha Belle DeWitt
16. Color or race white 17. Age at time of this birth 18 yrs.
18. Birthplace Union County, 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?.....
(b) 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. McFadden
Address Richwood, Ohio
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration

of Ruby Dell LaDow

Case No. A-693

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 431 East Maynard Ave. Columbus *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, Ohio
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 22yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Claibourne, Ohio
(d) Street No.

3. Full name of child LaDow Ruby Dell

4. Date of birth Sept. 28, 1891

5. Sex: Female

6. Twin or triplet Single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9 mos.

8. Mother married? Yes

FATHER OF CHILD
9. Full name LawDow Milton Wiblur
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Wyandotte County Ohio
13. Usual occupation operator of saw mill
14. Industry or business

MOTHER OF CHILD
15. Full maiden name McCamey Vinnie Myrtle
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Licking County, 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? 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. Thomas Wurtsbaugh
Address Claibourne, Ohio
M. D., midwife, or other M.D.

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 gegistration of her birth, *as provided by law.*

Ruby Dell LaDow Howison
Applicant.

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.*

Ruby Dell LaDow Howison
Applicant.

P. O. Address 431 East Maynard Ave. Columbus, Ohio

Sworn to before me and signed in my presence this 6th *day of* August, *19* 49

Mary Sanders -Deputy Clerk

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Charles W. McCamey 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.*

Charles W. McCamey

P. O. Address 220 Sixth St. S.W. Canton, Ohio

Sworn to before me and signed in my presence this 6th *day of* August, *19* 49

Mary Sanders
Deputy Clerk

The State of Ohio, Union **County, ss:**

I, John S. McCamey 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.*

John S. McCamey

P. O. Address 321 Sycamore St. Marysville, Ohio

Sworn to before me and signed in my presence this 6th *day of* August, *19* 49

Mary Sanders
Deputy-Clerk

Probate Court, Union County, Ohio

August 6th., *19* 49

In the Matter of the Registration of Birth *of* Ruby Dell LaDow

Case No. A-693

ORDER FOR HEARING

This day Ruby Dell LaDow *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 thereof be dispensed with ✓

XXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 6th., 19 49

In the Matter of the
REGISTRATION OF BIRTH
of Ruby Dell LaDow

Case No. A-693

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Ruby Dell LaDow *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 W. McCamey and John S. McCamey, credible witnesses; *that notice of the hearing on said application has been* dsipensed 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, Ohio
(c) Name of hospital or institution: Claibourne, Ohio
(d) Mother's stay before delivery:
In hospital or institution..... In this community 22 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Claibourne, Ohio
(d) Street No. .....

3. Full name of child LaDow Ruby Dell

4. Date of birth Sept.28th.,1891

5. Sex: Female

6. Twin or triplet Single If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? Yes

FATHER OF CHILD
9. Full name La Dow Milton Wilbur
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Wyandotte County, Ohio
13. Usual occupation operator of Saw mill
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name McCamey Vinnie Myrtle
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Hicking County, 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? 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. Thomas Wurtsbaugh
Address Claibourne, Ohio
.....
M. D., midwife, or other M.D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of Birth

of Lillian Louise Ross

Case No. A-694

APPLICATION

Your applicant respectfully represents that she *was born in* Franklin *County, Ohio; that* she *now resides in* 138 Grove Street, Marysville, Ohio *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, Ohio
(c) Name of hospital or institution: Delaware Avenue
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 3 days

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville, Paris
(d) Street No. East Fourth Street

3. Full name of child Ross Lillian Louise

4. Date of birth March 10, 1928

5. Sex: Female

6. Twin or triplet Single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? No

FATHER OF CHILD
9. Full name Ross Clarence
10. Color or race white 11. Age at time of this birth 20 yrs.
12. Birthplace Delaware Ohio
13. Usual occupation Truck Driver
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Estep Ethel Marie
16. Color or race white 17. Age at time of this birth 19 yrs.
18. Birthplace Marysville Ohio
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? 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 Harry Maysfield
Address Neil Avenue, Columbus, Ohio
M. D., midwife, or other M.D.

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.*

Lillian Louise Ross Stults
Applicant.

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.*

Lillian Louise Ross Stults
Applicant.

P. O. Address 138 Grove Street, Marysville, Ohio

Sworn to before me and signed in my presence this 3rd *day of* September, *19* 49

(Seal)

Martha Jane Guy
Deputy Clerk

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....

Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, Union **County, ss:**

I, Ethel Marie Comer, *do hereby certify that 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 138 Grove Street, Marysville, Ohio

Sworn to before me and signed in my presence this 3rd *day of* September, *19* 49

Ethel Marie Comer

(Seal) Martha Jane Guy. Deputy-Clerk

The State of Ohio, Union **County, ss:**

I, Julia Estep, 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.*

Julia Estep

P. O. Address 435 E. 9th. St. Marysville, Ohio

Sworn to before me and signed in my presence this 3rd *day of* September, *19* 49

Julia Estep

(Seal) Martha Jane Guy-Deputy Clerk

Probate Court, Union **County, Ohio**

September 3rd, *19* 49

In the Matter of the Registration of Birth

of Lillian Louise Ross

Case No. .....

ORDER FOR HEARING

This day Lillian Louise Ross *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 thereof be dispensed with.

~~It is further ordered by The Court that appointed Master Commissioner in said cause testimony in such application, if the services of a Master Commissioner are necessary, and this cause is continued.~~

(Seal) John W. Dailey

Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

September 3rd., 19 49.

In the Matter of the
REGISTRATION OF BIRTH
of Lillian Louise Ross

Case No. A-694

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lillian Louise Ross
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 Ethel Marie Comer and Julia Estep 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 Franklin County
(b) Columbus, Ohio
(c) Name of hospital or institution: Delaware Avenue
(d) Mother's stay before delivery:
In hospital or institution..... In this community 3 days

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville, Paris
(d) Street No. East Fourth Street

3. Full name of child Ross Lillian Louise

4. Date of birth March 10, 1928

5. Sex: Female

6. Twin or triplet single If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? No

FATHER OF CHILD
9. Full name Ross Clarence
10. Color or race white 11. Age at time of this birth 20 yrs.
12. Birthplace Delaware Ohio
13. Usual occupation Truck Driver
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Estep Ethel Marie
16. Color or race white 17. Age at time of this birth 19 yrs.
18. Birthplace Marysville, Ohio
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? 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 Harry Maysfield
Address Neil Avenue, Columbus, Ohio
M. D., midwife, or other M. D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the registration of birth

of Roy Gibson

Case No. A-965

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* North Lewisburg 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
(c) Name of hospital or institution: At Home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 10 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Byhalia, Ohio
(d) Street No. Byhalia, Ohio

3. Full name of child Gibson Roy

4. Date of birth July 9th., 1906

5. Sex: Male

6. Twin or triplet single If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD
9. Full name Gibson James Howard
10. Color or race white 11. Age at time of this birth 36 yrs.
12. Birthplace Hillards, Ohio Franklin County
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD
15. Full maiden name Vance Laura
16. Color or race White 17. Age at time of this birth 27 yrs.
18. Birthplace West Hagen Franklin County, Ohio
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? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name Miller
Address Byhalia, 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.*

Roy 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.*

Roy Gibson
Applicant.

P. O. Address North Lewisburg, Ohio

Sworn to before me and signed in my presence this 15th *day of* October *19* 49

Martha Jane Guy
Deputy Clerk

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address ..... *Attending Physician.*

Sworn to before me and signed in my presence this ..... *day of* ....., *19* .....

The State of Ohio, Union **County, ss:**

I, Laura Vance 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 Vance

P. O. Address North Lewisburg, Ohio

Sworn to before me and signed in my presence this 15th *day of* October, *19* 49

Martha Jane Guy
Deputy Clerk

The State of Ohio, Union **County, ss:**

I, Frank 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.*

Frank Gibson

P. O. Address Milford Center R.F.D.

Sworn to before me and signed in my presence this 15th *day of* October, *19* 49

Martha Jane Guy
Deputy Clerk

Probate Court, Union **County, Ohio**

October 15th, *19* 49

In the Matter of the Registration of birth

of Roy Gibson

Case No. A-695

ORDER FOR HEARING

This day Roy Gibson *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 thereof be dispened with

It is further ordered by The Court that XXXXXXXXXX *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

October 15th., 19 49

In the Matter of the
REGISTRATION OF BIRTH
of Roy Gibson

Case No. A-695

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Roy 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 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 Township
(c) Name of hospital or institution: At home
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Byhalia, Ohio Washington Township
(d) Street No. .....

3. Full name of child Gibson Roy
4. Date of birth July 9, 1906
5. Sex: Male
6. Twin or triplet single If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? Yes

FATHER OF CHILD
9. Full name Gibson James Howard
10. Color or race white 11. Age at time of this birth 36 yrs.
12. Birthplace Hillards, Ohio Franklin County
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD
15. Full maiden name Laura Vance
16. Color or race white 17. Age at time of this birth 27 yrs.
18. Birthplace West Hagen Franklin County Ohio
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? 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 Miller
Address Byhalia, Ohio
.....
M. D., midwife, or other M.D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of birth

of Jessie May Tallman

Case No. A-696

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Sturgis Michigan Box/ *County, Ohio; and that the following are the available facts with relation to* her *birth as of the date of delivery:* 265

1. PLACE OF BIRTH:
(a) County Union
(b) Liberty Township
(c) Name of hospital or institution: Liberty Township
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 20 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Liberty Township
(d) Street No. -

3. Full name of child Tallman Jessie May

4. Date of birth May 1st., 1886

5. Sex: Female

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Tallman Frank Austin
10. Color or race white 11. Age at time of this birth 21 yrs.
12. Birthplace Liberty Township Union County
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Burr Emma Jane
16. Color or race white 17. Age at time of this birth 20 yrs.
18. Birthplace Liberty Township, Union County
19. Usual occupation Housekeeper
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 Smith
Address Pottersburg, Ohio
M. D., midwife, or other M.D.

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.*

Jessie May Tallman DeBolt
Applicant.

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 May Tallman DeBolt
Applicant.

P. O. Address Box 265 Sturgis Michigan

Sworn to before me and signed in my presence this 25th *day of* October, *19* 49

Martha Jane Guy
Deputy Clerk

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... County, ss:

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....

Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, Union County, ss:

I, Joe A. Frye 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.*

Joe A. Frye

P. O. Address Route # 4 Marysville, Ohio

Sworn to before me and signed in my presence this 25th *day of* October, *19* 49

Martha Jane Guy
Deputy Clerk

The State of Ohio, Union County, ss:

I, Lou Edna Frye 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.*

Lou Edna Frye

P. O. Address Route # 4 Marysville, Ohio

Sworn to before me and signed in my presence this 25th *day of* October, *19* 49

Martha Jane Guy
Deputy Clerk

Probate Court, Union County, Ohio

In the Matter of the
Registration of birth
of Jessie May Tallman

October 25th, *19* 49

Case No. A-696

ORDER FOR HEARING

This day Jessie May Tallman *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 thereof be dispensed with

[illegible]

(SEAL)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union County, Ohio

In the Matter of the
REGISTRATION OF BIRTH
of Jessie May Tallman

October 25th., *19* 49.

Case No. A-696

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Jessie May Tallman *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 Joe A. Frye and Lou Edna Frye 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 Township Union County
(c) Name of hospital or institution: Liberty Township,
(d) Mother's stay before delivery:
In hospital or institution..... In this community 21 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Liberty Township
(d) Street No. .....

3. Full name of child Tallman Jessie May

4. Date of birth May 1st., 1886

5. Sex: Female

6. Twin or triplet single If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Tallman Frank Austin
10. Color or race white 11. Age at time of this birth 21 yrs.
12. Birthplace Liberty Township Union Co.
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Burr Emma Jane
16. Color or race white 17. Age at time of this birth 20 yrs.
18. Birthplace Liberty Township Union County
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?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name Smith
Address Pottersburg, Ohio
.....
M. D., midwife, or other M.D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., *19*.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of birth

of Anna Maude Tallman

Case No. A-697

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 525 Ballentine Ave. *County, Ohio; and that the following are the available facts with relation to* her *birth as of the date of delivery:* Marion/

1. PLACE OF BIRTH:
(a) County Union
(b) Liberty Township
(c) Name of hospital or institution: Liberty Township
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 22yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Liberty Township, Union County, Ohio
(d) Street No. .....

3. Full name of child Tallman Anna Maude

4. Date of birth April 28th., 1888

5. Sex: Female

6. Twin or triplet single If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Tallman Frank Austin
10. Color or race white 11. Age at time of this birth 23 yrs.
12. Birthplace Liberty Township, Union County
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Burr Emma Jane
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Liberty Township Union County
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? 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 Smith
Address Pottersburg, Ohio
M. D., midwife, or other M.D.

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.*

Anna Maude Tallman 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.*

Anna Maude Tallman Clark
Applicant.

P. O. Address 525 Ballentine Ave., Marion, Ohio

Sworn to before me and signed in my presence this 25th *day of* October, *19* 49

(SEAL)

Martha Jane Guy
Deputy Clerk

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... County, ss:

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address ..... *Attending Physician.*

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, Union County, ss:

I, Jessie May DeBolt 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.*

Jessie May DeBolt

P. O. Address Box 265 Sturgis Michigan

Sworn to before me and signed in my presence this 25th *day of* October, *19* 49

Martha Jane Guy
Deputy Clerk

The State of Ohio, Union County, ss:

I, Lou Edna Frye 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.*

Lou Edna Frye

P. O. Address Route # 4 Marysville, Ohio

Sworn to before me and signed in my presence this 25th *day of* October, *19* 49

Martha Jane Guy
Deputy Clerk

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth

of Anna Maude Tallman

October 25th., 19 49

Case No. A-697

ORDER FOR HEARING

This day Anna Maude Tallman *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 thereof be dispensed with

~~xxxx

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

October 25th., 19 49

In the Matter of the
REGISTRATION OF BIRTH
of Anna Maude Tallman

Case No. A-697

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Anna Maude Tallman *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* Jessie May DeBolt and Lou Edna Frye 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 Township Union County
(c) Name of hospital or institution: Liberty Township
(d) Mother's stay before delivery:
In hospital or institution..... In this community 22yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Liberty Township Union County
(d) Street No. .....

3. Full name of child Tallman Anna Maude

4. Date of birth April 28th.,1888

5. Sex: Female

6. Twin or triplet single If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Tallman Frank Austin
10. Color or race white 11. Age at time of this birth 23 yrs.
12. Birthplace Liberty Township Union County
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Burr Emma Jane
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Liberty Township Union County
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? 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 Smith
Address Pottersburg, Ohio
.....
M. D., midwife, or other M.D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of Birth

of Bernard J. Rea

Case No. A-698

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Sacramento California xxxxxxx *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) Union
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 5 years

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Union Township
(d) Street No.

3. Full name of child Rea Bernard Johnson

4. Date of birth Feb/19., 1887

5. Sex: Male

6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy ?

8. Mother married? Yes

FATHER OF CHILD

9. Full name Rea, Joseph
10. Color or race white 11. Age at time of this birth 41 yrs.
12. Birthplace Logan County, Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Dillon, Letha Belle
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace Union County, 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? 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 M.D.

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 J. Rea
Applicant.

The State of ~~Ohio~~, California **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Bernard J. Rea
Applicant.

P. O. Address 1127-11th., St. Sacramento, California

Sworn to before me and signed in my presence this 22 *day of* November, *19*49.

Juliet Wood
Notary Public

(SEAL)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

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*.....

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*.....

Probate Court, No Union 5th., ... County, Ohio

November 5th., ..., *19* 49

In the Matter of the Registration of birth

of Bernard Johnson Rea

Case No. A-698

ORDER FOR HEARING

This day Bernard Johnson Rea *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 xxxxxx

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

November 5th., 19 49

In the Matter of the
REGISTRATION OF BIRTH
of Bernard Johnson Rea

Case No. A-698

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Bernard Johnson Rea *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* clear and convincing 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:	**2. USUAL RESIDENCE OF MOTHER:**
(a) County Union	*(a)* State Union
(b) Union Township	*(b)* County Union
(c) Name of hospital or institution:	*(c)* Union Township
(d) Mother's stay before delivery: In hospital or institution..... In this community 5 years	*(d)* Street No.

3. Full name of child Rea Bernard Johnson — 4. Date of birth Feb.19,1887

5. Sex:	6. Twin or	If so—born 1st,	7. Number months of	8. Mother married?
Male	triplet.....	2nd, or 3d.....	pregnancy ?	Yes

FATHER OF CHILD	MOTHER OF CHILD
9. Full name Rea, Joseph	15. Full maiden name Dillon Letha Belle
10. Color or race white 11. Age at time of this birth 41 yrs.	16. Color or race white 17. Age at time of this birth 24 yrs.
12. Birthplace Logan County, Ohio	18. Birthplace Union County, Ohio
13. Usual occupation Farmer	19. Usual occupation Housewife
14. Industry or business.....	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? Npne
(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 M.D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of birth

of Robert Lee Dever

Case No. A-699

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Mt.Victory Hardin, *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 Center- York Township
(c) Name of hospital or institution: At Home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 28 years

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) York Center York Township
(d) Street No.

3. Full name of child Dever (Surname) Robert (First) Lee (middle)

4. Date of birth Nov. 15th., 1918

5. Sex: Male

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Dever Frank Wilbur
10. Color or race White 11. Age at time of this birth 29 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Teamster
14. Industry or business Teaming

MOTHER OF CHILD

15. Full maiden name Carey Mary Anna
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Union County, Ohio
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 are now living? 3
(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.C.L. Thompson
Address York Center, Ohio
M. D., midwife, or other M.D.

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 Lee Dever
Applicant.

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 Lee Dever
Applicant.

P. O. Address Mt. Victory, Ohio

Sworn to before me and signed in my presence this 11th *day of* January, *19* 50

(SEAL)

Martha Jane Guy
Deputy-Clerk

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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)

The State of Ohio, Union **County, ss:**

I, Frank Wilbur Dever 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 Wilbur Dever

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 11th *day of* January, *19* 50.

(SEAL)

Martha Jane Guy
Deputy Clerk

The State of Ohio, Union **County, ss:**

I, Lois Burkepile 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.*

Lois Burkepile

P. O. Address 310 South Main Street, Marysville, Ohio

Sworn to before me and signed in my presence this 11th. *day of* January, *19* 50

(SEAL)

Martha Jane Guy
Deputy-Clerk

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth

of Robert Lee Dever

January 11th., , *19* 50

Case No. A-699

ORDER FOR HEARING

This day Robert Lee Dever *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 XXXXXXXXXX *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(SEAL)

JOHN W. DAILEY
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

January 11th., 19 50

In the Matter of the
REGISTRATION OF BIRTH
of Robert Lee Dever

Case No. A-699

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Robert Lee Dever *for an order of The Court directing the registration of* his *birth.* Robert Lee Dever *, having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Frank Wilbur Dever Lois Burkepile, 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 Dever Frank Wilbur
(b) York Center-Yprk Township
(c) Name of hospital or institution: At Home
(d) Mother's stay before delivery:
In hospital or institution.....In this community 28 years

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union County
(c) York Center- York Township
(d) Street No. .....

3. Full name of child (Surname) Dever (First) Robert (Middle) Lee

4. Date of birth Nov. 15th., 1918

5. Sex: Male

6. Twin or triplet single If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Dever Frank Wilbur
10. Color or race white 11. Age at time of this birth 29 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Teamster
14. Industry or business Teaming

MOTHER OF CHILD

15. Full maiden name Carey Mary Anna
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Union County, Ohio
19. Usual occupation Housekeeper
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? None

22. Attending Physician or Midwife:
Name Dr. C.L. Thompson
Address York Center, Ohio
M. D., midwife, or other M.D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of Birth

of Alice Elizabeth Beard

Case No. A-701

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Unionville Center *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) Plain City Township

(c) Name of hospital or institution:

(d) Mother's stay before delivery:
In hospital or institution ..... In this community Entire life

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Plain City, Ohio

(d) Street No.

3. Full name of child Beard Alice Elizabeth

4. Date of birth 9-27-1904

5. Sex: Female

6. Twin or triplet ..... If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Beard James Peter

10. Color or race white 11. Age at time of this birth 38 yrs.

12. Birthplace

13. Usual occupation Teamster

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Winget Jennie Ora

16. Color or race white 17. Age at time of this birth 37 yrs.

18. Birthplace Marysville, 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? 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 Doctor Howland (Dec'd Now)
Address Plain City Ohio
M. D., midwife, or other

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 E. Beard Cooperider
Applicant.

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 E. Beard Cooperider
Applicant.

P. O. Address Unionville Center

Sworn to before me and signed in my presence this 14th *day of* April, *19* 50

William L. Coleman
Notary Public for the State of Ohio
Comm. ex. 8-17-51

(SEAL)

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....

Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19* .....

The State of Ohio, Union **County, ss:**

I, Minnie Schalip 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.*

Minnie Schalip

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 14th *day of* April, *19* 50

William L. Coleman State of Ohio
Notary Public Comm. ex. 8-17-51

(SEAL)

The State of Ohio, Union **County, ss:**

I, Clarice Winget 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.*

Clarice Winget

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 14th *day of* April, *19* 50.

William L. Coleman
Notary Public State of Ohio Comm. ex. 8-17-51

(SEAL)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth

of Alice Elizabeth Beard

April 14th, *19* 50

Case No. A-701

ORDER FOR HEARING

This day Alice Elizabeth Beard *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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(SEAL)

JOHN W. DAILEY
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

Sworn to before me and signed in my presence, this.....day of....., 19.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

April 14th, *19* 50

In the Matter of the
REGISTRATION OF BIRTH
of Alice Elizabeth Beard

Case No. A-701

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Alice Elizabeth Beard *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 Minnie Schalip and Clarice Winget 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
(c) Name of hospital or institution: At Home
(d) Mother's stay before delivery: In hospital or institution..... In this community entire life

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Plain City, Ohio
(d) Street No. .....

3. Full name of child Beard Alice Elizabeth
4. Date of birth 9-27-1904
5. Sex: Female
6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? Yes

FATHER OF CHILD
9. Full name Beard James Peter
10. Color or race white 11. Age at time of this birth 38 yrs.
12. Birthplace .....
13. Usual occupation Teamster
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Winget Jennie Ora
16. Color or race white 17. Age at time of this birth 37 yrs.
18. Birthplace Marysville, 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? 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 Doctor Howland (dec'd Now)
Address Plain City, Ohio
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, UNION County, Ohio

In the Matter of the

In the Matter of the Registration of Birth

of Florence Eilene Roberts

Case No. A-702

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Broadway, Ohio *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
(c) Name of hospital or institution: Jackson Township Union County, Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 3 mos.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson Township
(d) Street No.

3. Full name of child Roberts Florence Eilene
4. Date of birth Dec. 8, 1917
5. Sex: Female
6. Twin or triplet single If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 8 mos
8. Mother married? Yes

FATHER OF CHILD
9. Full name Roberts Harry Lewis
10. Color or race white 11. Age at time of this birth 33 yrs.
12. Birthplace Hardin County, Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Fish Mary Leota
16. Color or race white 17. Age at time of this birth 37 yrs.
18. Birthplace Union County, 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? 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. Roebuck
Address
M. D., midwife, or other

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 Eilene Roberts Crumm
Applicant.

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 Eilene Roberts Crumm
Applicant.

P. O. Address Broadway, Ohio

Sworn to before me and signed in my presence this 29th *day of* May, *19* 50.

[SEAL]

Mary Sanders
Deputy-Clerk

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Harry Lewis Roberts 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.*

Harry Lewis Roberts

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 29th *day of* May, *19* 50

[SEAL]

Mary Sanders
Deputy-Clerk

The State of Ohio, Union **County, ss:**

I, Mary Leota Roberts 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 Leota Roberts

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 29th *day of* May, *19* 50

[SEAL]

Mary Sanders
Deputy Clerk

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth

of Florence Eilene Roberts

May 29th., *19* 50

Case No. A-702

ORDER FOR HEARING

This day Florence Eilene Roberts *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 thereof be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

[SEAL]

JOHN W. DAILEY
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, UNION **County, Ohio**

May 29th., 1950

In the Matter of the

REGISTRATION OF BIRTH

of Florence Eilene Roberts

Case No. A-702

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Florence Eilene Roberts *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 pf Harry Lewis Roberts and Mary Leota Roberts 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
(c) Name of hospital or institution: Jackson Township Union County, Ohio
(d) Mother's stay before delivery:
In hospital or institution..... In this community 3 mos.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson Township
(d) Street No.

3. Full name of child Roberts Florence Eilene
4. Date of birth Dec. 8, 1917
5. Sex: Female
6. Twin or triplet single If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 8 mos.
8. Mother married? Yes

FATHER OF CHILD
9. Full name Roberts Harry Lewis
10. Color or race white 11. Age at time of this birth 33 yrs.
12. Birthplace Hardin County, Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Fish Mary Leota
16. Color or race white 17. Age at time of this birth 37 yrs.
18. Birthplace Union County, 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? 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. Roebuck
Address Richwood, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of Birth

of Jesamine Ethel Patch of Brush Colorado

Case No. A-703

APPLICATION

Your applicant respectfully represents that I *was born in* Union *County, Ohio; that* she *now resides in* Brush, Colorado *County, 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) Marysville, Rural
(c) Name of hospital or institution: None
(d) Mother's stay before delivery:
In hospital or institution None In this community

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Rural Marysville, Ohio
(d) Street No. Rural

3. Full name of child Patch Jesamine Ethel

4. Date of birth May 11th, 1887

5. Sex: Female

6. Twin or triplet NO If so—born 1st, 2nd, or 3d NO

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Patch John
10. Color or race white 11. Age at time of this birth 36 yrs.
12. Birthplace Union Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Patch Emma Celona
16. Color or race white 17. Age at time of this birth 29 yrs.
18. Birthplace Taylor County, Iowa
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 Unknown
Address
M. D., midwife, or other Unknown

Your applicant further represents that the registration of her *birth* not registered on the records of Union County where she was born.

Your applicant hereby makes application for an order of the Court, directing a birth certificate *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.*

Jesamine Ethel Roe
Applicant.

P. O. Address Brush Colorado

Sworn to before me and signed in my presence this 15th *day of* May, *19* 50

(SEAL)

Clarence A. Gray
Notary Public

AFFIDAVIT

Probate Court, County, Ohio

In the Matter of the

of

The State of Ohio, **County, ss:**

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address

Attending Physician.

Sworn to before me and signed in my presence this *day of* , *19* .

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* .

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* .

Probate Court, Union **County, Ohio**

In the Matter of the Registration of birth *of* Jesamine Ethal Patch

June 1st, *19* 50

Case No. A-703

ORDER FOR HEARING

This day Jesamine Ethel Patch *appeared in open court and filed an application for the* registration of birth

It is ordered that hearin forthwith and that notice thereof be dispensed with

XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXX

It is further ordered by the Court that XXXXXXXXXXXXXXXXXXXX

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

June 1st, *19* 50

In the Matter of the

REGISTRATION OF BIRTH

of Jesamine Ethel Patch

Case No. A-703

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Jesamine Ethel Patch *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* 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) Marysville, Rural
(c) Name of hospital or institution: None
(d) Mother's stay before delivery:
In hospital or institution None In this community.....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Rural Marysville, Ohio
(d) Street No. Rural

3. Full name of child Patch Jesamine Ethel

4. Date of birth May 11, 1887

5. Sex: Female

6. Twin or triplet No / If so—born 1st, 2nd, or 3d No

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD
9. Full name Patch John
10. Color or race white 11. Age at time of this birth 36 yrs.
12. Birthplace Union Ohio
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Patch Emma Celona
16. Color or race white 17. Age at time of this birth 29 yrs.
18. Birthplace Taylor County Iowa
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 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 Unknown
Address .....
M. D., midwife, or other Unknown

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., *19*.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the
Rigistration of Birth
of Clara Alice Hamilton

Case No. A-704

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Charleston, West Va. ~~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 Paris
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution ..... In this community years

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville Paris
(d) Street No.

3. Full name of child Hamilton Clara Alice
4. Date of birth April 25, 1882
5. Sex: Female
6. Twin or triplet no If so—born 1st, 2nd, or 3d only child
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Hamilton Daniel B.
10. Color or race white 11. Age at time of this birth ..... yrs.
12. Birthplace Union County Ohio
13. Usual occupation School Teacher
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Fortney Alice C.
16. Color or race white 17. Age at time of this birth ..... yrs.
18. Birthplace
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
Address
M. D., midwife, or other

Your applicant further represents that the registration of her *birth* has not been recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Clara Alice 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 she *verily believes.*

Clara Alice Hamilton
Applicant.

P. O. Address 1421 Virginia Street, East Charleston, W. Va.

(Probate Seal)

Sworn to before me and signed in my presence this 6th *day of* June, *19* 50

John W. Dailey

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the
of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

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*.....

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*.....

Probate Court, Union **County, Ohio**

In the Matter of the
Registration of Birth
of Clara Alice Hamilton

June 6, *19* 50

Case No. A-704

ORDER FOR HEARING

This day Clara Alice Hamilton *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application Hearing be had on June 7, 1950 at 10:00 O'clock A.M. and that notice be dispensed with.

It is further ordered by The Court that Todd Hoopes *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

Reg. of Birth
For Commission to take Deposition and Deposition of Witness see/Vol. 3 Page 569

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

June 7, 19 50

In the Matter of the
REGISTRATION OF BIRTH
of Clara Alice Hamilton

Case No. A-704

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Clara Alice 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 Bina Hamilton and John Price, credible witnesses as examined by the Special Master/Commissioner appointed 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) Marysville Paris
(c) Name of hospital or institution:
(d) Mother's stay before delivery:
In hospital or institution..... In this community years

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville Paris
(d) Street No.

3. Full name of child Hamilton Clara Alice

4. Date of birth April 25, 1882

5. Sex: Female

6. Twin or triplet no

If so—born 1st, 2nd, or 3d only child

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hamilton Daniel B.
10. Color or race white 11. Age at time of this birth.....yrs.
12. Birthplace Union County Ohio
13. Usual occupation school teacher
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Fortney Alice C.
16. Color or race White 17. Age at time of this birth.....yrs.
18. Birthplace
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
Address
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court,.....County, Ohio

In the Matter of the

In the Matter of the Correction of

of birth record of Phena Margaret McCloud

Case No. A-705

APPLICATION

Your applicant respectfully represents that.....was born in.....County, Ohio; that.....now resides in.....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 .....
(b) .....
(c) Name of hospital or institution:
.....
(d) Mother's stay before delivery:
In hospital or institution.....In this community.....

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) .....
(d) Street No. .....

3. Full name of child.....

4. Date of birth.....

5. Sex: .....

6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy.....

8. Mother married?.....

FATHER OF CHILD

9. Full name .....
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace .....
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name.....
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace .....
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

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.....

.....
.....

AFFIDAVIT

Probate Court,.....County, Ohio

In the Matter of the

.....

of .....

The State of Ohio,.....County, ss:

I, ..., do hereby certify that I was the physician in attendance at the birth of....., the applicant herein, and that the facts stated in the application 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,.....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.....

.....
.....

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.....

.....
.....

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 Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.

.....
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

Sworn to before me and signed in my presence, this.....day of....., 19.....

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

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) .....
(c) Name of hospital or institution:
.....
(d) Mother's stay before delivery:
In hospital or institution.....In this community.....

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) .....
(d) Street No. .....

3. Full name of child.....
4. Date of birth.....

5. Sex: .....
6. Twin or triplet..... If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy.....
8. Mother married?.....

FATHER OF CHILD

9. Full name .....
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace .....
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name.....
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace .....
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court, Cuyahoga **County, Ohio**

June 26th., 19 50

In the Matter of the

CORRECTION OF BIRTH RECORD

of Phena Margaret McCloud

Case No. A-705

FINDING AND ORDER
CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Phena Margaret McCloud
for an order of The Court correcting her *birth record, as it is registered in the office of* Probate Court, Union County, Ohio No.179 *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* The Court Clear and convincing documentary evidence *; that notice of the hearing on said application has been* dispensed with *; and that the facts stated in said application are true.*

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

Correct Applicants name to read Phena Margaret McCloud
Correct Applicant's date of birth to read Jlu 3rd., 1897
Correct Mother's maiden name to read Hulda Wilcox
Correct residence of parents to read Unionville,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.

Nelson J. Brewer
Probate Judge.

3-13-1897

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the
In the Matter of the Registration of Birth
of Bertha Amanda Blake

Case No. A-706

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 711 Hampton Avenue, Toledo, Lucas *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) Milford Center
(c) Name of hospital or institution: Milford Center, Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 31 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Milford Center
(d) Street No. .....

3. Full name of child Blake Bertha Amanda

4. Date of birth July 3, 1890

5. Sex: Female

6. Twin or triplet Single If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Blake William H.
10. Color or race white 11. Age at time of this birth 38 yrs.
12. Birthplace Milford Center, Ohio
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Wetzel Emma Jane
16. Color or race white 17. Age at time of this birth 31 yrs.
18. Birthplace Milford Center, Ohio
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? 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. Aaron Boylan
Address Milford Center, Ohio
M. D., midwife, or other .....

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 Amanda Blake 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.*

Bertha Amanda Blake Miller
Applicant.

P. O. Address 711 Hampton Avenue, Toledo, Ohio

Sworn to before me and signed in my presence this 3 *day of* July, *19* 50.

(Seal)

Mary Sanders
Deputy-Clerk

AFFIDAVIT

Probate Court, Union County, Ohio

In the Matter of the .....
of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....

Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19* .....

The State of Ohio, Union **County, ss:**

I, Julia C. 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.*

Mrs. Julia C. Adams

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 3 *day of* July, *19* 50

(Seal)

Mary Sanders
Deputy-Clerk

The State of Ohio, Union **County, ss:**

I, Martha L. Kimball, *do hereby certify that 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 L. Kimball

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 3 *day of* July, *19* 50

(Seal)

Mary Sanders
Deputy-Clerk

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Bertha Amanda Blake

July 3, *19* 50

Case No. A-706

ORDER FOR HEARING

This day Bertha Amanda Blake *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application hearing forthwtih and that notice thereof be dispensed with

It is further ordered by the Court that XXXX

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

Sworn to before me and signed in my presence, this.....day of....., 19.....

JOURNAL ENTRY

Probate Court, Union County, Ohio

July 3, 19 50

In the Matter of the
REGISTRATION OF BIRTH
of Bertha Amanda Blake

Case No. A-706

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Bertha Amanda Blake *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 Julia C. Adams and Martha L. Kimball, 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
(c) Name of hospital or institution: Milford Center, Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 31 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Milford Center
(d) Street No. .....

3. Full name of child Blake Bertha Amanda

4. Date of birth July 3, 1890

5. Sex: Female

6. Twin or triplet Single If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD
9. Full name Blake William H.
10. Color or race white 11. Age at time of this birth 38 yrs.
12. Birthplace Milford Center, Ohio
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Wetzel Emma Jane
16. Color or race white 17. Age at time of this birth 31 yrs.
18. Birthplace Milford Center, Ohio
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? 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. Aaron Boylan
Address Milford Center, Ohio
.....
M. D., midwife, or other .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court, ...County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of Birth

of Ethel May Roseberry

Case No. A-707

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 140 Crescent Drive *County, Ohio; and that the following are the available facts with relation to* her *birth as of the date of delivery:* Akron, Ohio

1. PLACE OF BIRTH:
(a) County Union
(b) Braodway
(c) Name of hospital or institution: Braodway, Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 22 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Braodway
(d) Street No. .....

3. Full name of child Roseberry Ethel May

4. Date of birth Dec.9,1896

5. Sex: Female

6. Twin or triplet single If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Roseberry Edward Elmer
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Springfield, Ohio
13. Usual occupation Railroad Man
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Yarrington Josephine
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Broadway, 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 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. John Taylor
Address Braodway, Ohio
M. D., midwife, or other .....

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 May Roseberry Ross
Applicant.

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 May Roseberry Rose
Applicant.

P. O. Address 140 Crescent Drive Akron, Ohio

Sworn to before me and signed in my presence this 8th *day of* July, *19* 50.

Mary Sanders
Deputy Clerk.

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Okey D. Dillon cousins by marriage 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.*

Okey D. Dillon

P. O. Address R,F.D. Peoria, Ohio

Sworn to before me and signed in my presence this 8 *day of* July, *19* 50.

Mary Sanders
Deputy Clerk

[SEAL]

The State of Ohio, Union **County, ss:**

I, Grace C. Dillon 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.*

Grace C. Dillon

P. O. Address R.F.D. Peoria, Ohio

Sworn to before me and signed in my presence this 8 *day of* July, *19* 50.

Mary Sanders
Deputy Clerk

[SEAL]

Probate Court, Union County, Ohio

July 8th., *19* 50

In the Matter of the Registration of Birth

of Ethel May Roseberry

Case No. A-707

ORDER FOR HEARING

This day Ethel May Roseberry *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application hearing be had forthwith and that notice thereof be dispensed with

XXXX

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union County, Ohio

July 8, 19 50

In the Matter of the

REGISTRATION OF BIRTH

of Ethel May Roseberry

Case No. A-707

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Ethel May Roseberry *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 Okey D. Dillon and Grace C. Dillon, 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. Ohio
(c) Name of hospital or institution: Broadway, Ohio
(d) Mother's stay before delivery:
In hospital or institution..... In this community 22 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Broadway, Ohio
(d) Street No. .....

3. Full name of child Roseberry Ethel May

4. Date of birth Dec. 9, 1896

5. Sex: Female

6. Twin or triplet single

If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Roseberry Edward Elmer
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Springfield, Ohio
13. Usual occupation Railroad man
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Yarrington, Josephine
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Braodway, Ohio
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

22. Attending Physician or Midwife:
Name Dr. John Taylor
Address Broadway, Ohio
.....
M. D., midwife, or other .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of birth

of Calvin Richard Wilson

Case No. A-708

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Milford Center, 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
(c) Name of hospital or institution: Union Township-Milford Center
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 36 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Milford Center- Union Township
(d) Street No. West Center Street

3. Full name of child Wilson Calvin Richard

4. Date of birth May 2-1931

5. Sex: Male

6. Twin or triplet Twin If so—born 1st, 2nd, or 3d 1st

7. Number months of pregnancy 9 mos

8. Mother married? Yes

FATHER OF CHILD

9. Full name Wilson Frank
10. Color or race white 11. Age at time of this birth 40 yrs.
12. Birthplace Logan County, Ohio
13. Usual occupation Garage Business
14. Industry or business Self Employed

MOTHER OF CHILD

15. Full maiden name Synder Nellie Emile
16. Color or race white 17. Age at time of this birth 36 yrs.
18. Birthplace Milford Center-Union Township
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 Dean Boylan
Address Milford Center, Ohio
Now deceased
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.*

Calvin Richard Wilson
Applicant.

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.*

Calvin Richard Wilson
Applicant.

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 12th *day of* July, *19*50.

Martha Jane Guy
Deputy Clerk

[SEAL]

AFFIDAVIT

Probate Court, Union County, Ohio

In the Matter of the

of

The State of Ohio, County, ss:

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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]

The State of Ohio, Union **County, ss:**

I, Frank Wilson 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.*

Frank Wilson

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 12th *day of* July, *19* 50

Martha Jane Guy
Deputy-Clerk

[SEAL]

The State of Ohio, Union **County, ss:**

I, Beatrice Gay Wilson Weaver 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.*

Beatrice Gay Wilson Weaver

P. O. Address Mechanicsburg, Ohio R.F.D.# 2

Sworn to before me and signed in my presence this 12th *day of* July, *19* 50

Martha Jane Guy
Deputy- Clerk

[Seal]

Probate Court, Union County, Ohio

In the Matter of the

Registration of Birth

of Calvin Richard Wilson

Case No. A-708

July 12th, *19*50.

ORDER FOR HEARING

This day Calvin Richard Wilson *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application hearing forthwith and that notice thereof be dispensed with.

XXXX

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

Probate Judge.

.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

Sworn to before me and signed in my presence, this.....day of....., 19.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

July 12th., 19 50

In the Matter of the
REGISTRATION OF BIRTH
of Calvin Richard Wilson

Case No. A-708

FINDING AND ORDER
REGISTRATION OF BIRTH
Calvin Richard Wilson

This day this cause came on to be heard on the application of 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 Wilson, father and Beatrice Gay Wilson Weaver 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) Milford Center-Union Township
(c) Name of hospital or institution:
Milford Center-Union Township
(d) Mother's stay before delivery:
In hospital or institution..... In this community 36 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Milford Center-Union County
(d) Street No. West Center Street

3. Full name of child Wilsom Calvin Richard

4. Date of birth May 2,1931

5. Sex: Male

6. Twin or triplet Twin; If so—born 1st, 2nd, or 3d 1st

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD
9. Full name Frank Wilson
10. Color or race white 11. Age at time of this birth 40 yrs.
12. Birthplace Logan County, Ohio
13. Usual occupation Garage Man
14. Industry or business Self Employed

MOTHER OF CHILD
15. Full maiden name Synder Nellie Emline
16. Color or race white 17. Age at time of this birth 36 yrs.
18. Birthplace Milfod Center-Union Township
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 Dean Boylan
Address Milford Center, Ohio
Now deceased
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the
In the Matter of the Registration of birth
of Truman George Ellinwood

Case No. A-709

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
(c) Name of hospital or institution:
On farm in Taylor Township
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 2 Yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Taylor Township
(d) Street No. on farm

3. Full name of child Ellinwood, George Preston Gilbert
4. Date of birth Oct. 24, 1888
5. Sex: Male
6. Twin or triplet No — If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Ellinwood, George Preston Gilbert
10. Color or race white — 11. Age at time of this birth 25 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation farmer
14. Industry or business farming

MOTHER OF CHILD
15. Full maiden name Murphy, Rebecca Ellen
16. Color or race white — 17. Age at time of this birth 22 yrs.
18. Birthplace Union County, Ohio
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? 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 Taylor
Address Broadway, 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.*

Truman George Ellinwood
Applicant.

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.*

Truman George Ellinwood
Applicant.

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 31 *day of* July, *19* 50.

Robert F. Allen, Notary Public

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the
of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....

Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, Union **County, ss:**

I, Rebecca Ellen Ellinwood, 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.*

Rebecca Ellen Ellinwood

P. O. Address R.R. Richwood, Ohio

Sworn to before me and signed in my presence this 1 *day of* August, *19* 50

John ". Dailey, P. J

The State of Ohio, Union **County, ss:**

I, Minnie Langstaff, aunt of Truman George Ellinwood, *do hereby certify that 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 Langstaff

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 1 *day of* August, *19* 50

John ". Dailey, P. J

Probate Court, Union County, Ohio

In the Matter of the
Registration of birth
of Truman George Ellinwood

Case No. A-709

ORDER FOR HEARING

This day Truman George Ellinwood *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 ~~appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.~~ *be and hereby is*

John ". Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 1, 19 50

In the Matter of the
REGISTRATION OF BIRTH
of Truman George Ellinwood

Case No. A-709

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Truman George Ellinwood
for an order of The Court directing the registration of his *birth.*
The Court George Ellinwood, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Rebecca Ellen Ellinwood and Minnie Langstaff, 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
(c) Name of hospital or institution:
On farm in Taylor Township
(d) Mother's stay before delivery:
In hospital or institution..... In this community 2 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Taylor Township
(d) Street No. On farm

3. Full name of child Ellinwood, Truman George
4. Date of birth Oct 24, 1888
5. Sex: Male
6. Twin or triplet No; If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Ellinwood, George Preston Gilbert
10. Color or race white 11. Age at time of this birth 25 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD
15. Full maiden name Murphy, Rebecca Ellen
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Union County, Ohio
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? 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. Taylor
Address Broadway, Ohio
M. D., midwife, or other M. D

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the
Registration of the Birth
of Nye Otis Roseberry

Case No. A-710

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* R.D.r, Bos 225, Akron 19, xxxx *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) Broadway, Ohio
(c) Name of hospital or institution: Broadway, Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 20 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Broadway
(d) Street No.

3. Full name of child Roseberry Nye Otis
4. Date of birth Aug. 1, 1892
5. Sex: Male
6. Twin or triplet Single If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD
9. Full name Roseberry Edward Elmer
10. Color or race white 11. Age at time of this birth 26 yrs.
12. Birthplace Springfield, Ohio
13. Usual occupation Railroad man
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Yarrington, Josephine
16. Color or race white 17. Age at time of this birth 20 yrs.
18. Birthplace Broadway, 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? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. John Taylor
Address Broadway, Ohio
M. D., midwife, or other M.D.

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.*

Nye Otis Roseberry
Applicant.

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 Otis Roseberry
Applicant.

P. O. Address R.D.4, Box 225, Akron 19, Ohio

Sworn to before me and signed in my presence this 1st *day of* August, *19* 50.

(Seal) Mary Sanders
Deputy-Clerk

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Grace C. Dillon 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.*

Grace C. Dillon

P. O. Address R.F.D. Peoria, Ohio

Sworn to before me and signed in my presence this 1st *day of* August, *19* 50

(Seal) Mary Sanders
Deputy-Clerk

The State of Ohio, Union **County, ss:**

I, Okey D. Dillon cousin by marriage 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.*

Okey D. Dillon

P. O. Address R.F.D. Peoria, Ohio

Sworn to before me and signed in my presence this 1st *day of* August, *19* 50

(Seal) Mary Sanders
Deputy-Clerk

Probate Court, Union County, Ohio
August 1, *19* 50

In the Matter of the
Registration of Birth
of Nye Otis Roseberry

Case No. A-710

ORDER FOR HEARING

This day Nye Otis Roseberry *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application hearing forthwith and that notice thereof be dispensed with

XIt is further ordered by The Court that X ..... be and hereby is X
X appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this X
X cause is continued. X

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 1, 19 50

In the Matter of the
REGISTRATION OF BIRTH
of Nye Otis Roseberry

Case No. A-710

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Nye Otis Roseberry *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 C. Dillon and Okey D. Dillon, 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, Ohio
(c) Name of hospital or institution: Broadway, Ohio
(d) Mother's stay before delivery:
In hospital or institution..... In this community 20 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Broadway
(d) Street No.

3. Full name of child Roseberry Nye Otis

4. Date of birth Aug. 1, 1892

5. Sex: Male

6. Twin or triplet Single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD
9. Full name Roseberry Edward Elmer
10. Color or race white 11. Age at time of this birth 26 yrs.
12. Birthplace Springfield, Ohio
13. Usual occupation Railroad man
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Yarrington, Josephine
16. Color or race white 17. Age at time of this birth 20 yrs.
18. Birthplace Broadway, 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? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. John Taylor
Address Broadway, Ohio
M. D., midwife, or other M. D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of Birth

of Robert Adam William Streng

Case No. A-711

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* S. Walnut St., Marysville, 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, Ohio

(c) Name of hospital or institution: 411 S. Chestnut St., Marysville, Ohio

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 5 yrs.

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville

(d) Street No. 411 S. Chestnut St.

3. Full name of child Streng Robert Adam William

4. Date of birth March 21, 1929

5. Sex: Male

6. Twin or triplet Single If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Streng LeRoy

10. Color or race white 11. Age at time of this birth 23 yrs.

12. Birthplace Marysville, Ohio

13. Usual occupation Laborer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Minert, Louise Lucile

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Jerome Twp. Union County, 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? 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. Angus MacIvor

Address Marysville, Ohio

M. D., midwife, or other M.D.

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 Adam William Streng
Applicant.

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 Adam William Streng
Applicant.

P. O. Address S. Walnut St., Marysville, Ohio

Sworn to before me and signed in my presence this 10 *day of* August, *19* 50.

(Seal) John W. Dailey

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address ..... *Attending Physician.*

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, Union **County, ss:**

I, LeRoy Streng, 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.*

LeRoy Streng

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 10 *day of* August, *19* 50.

(Seal) John W. Dailey

The State of Ohio, Union **County, ss:**

I, Louise Lucile Streng, 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.*

Louise Lucile Streng

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 10 *day of* August, *19* 50.

(Seal) John W. Dailey

Probate Court, Union County, Ohio

August 10, *19* 50.

In the Matter of the Registration of Birth

of Robert Adam William Streng

Case No. A-711

ORDER FOR HEARING

This day Robert Adam William Streng *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application hearing forthwith and that notice thereof be dispensed with

It is further ordered by The Court that XXXX

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 10, 19 50

In the Matter of the

REGISTRATION OF BIRTH

of Robert Adam William Streng

Case No. A-711

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Robert Adam William Streng
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 LeRoy Streng and Louise Lucile Streng, 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
(c) Name of hospital or institution: 411 S. Chestnut St., Marysville, Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 5 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No. 411 S. Chestnut St.

3. Full name of child Streng Robert Adam William

4. Date of birth March 21, 1929

5. Sex: Male

6. Twin or triplet Single If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Streng LeRoy
10. Color or race white 11. Age at time of this birth 23 yrs.
12. Birthplace Marysville, Ohio
13. Usual occupation Laborer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Minert, Louise Lucile
16. Color or race white 17. Age at time of this birth 21 yrs.
18. Birthplace Jerome Twp. Union County, 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? 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. Angus MacIvor
Address Marysville, Ohio
.....
M. D., midwife, or other M.D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of Birth

of Elizabeth Louise Zieg

Case No. A-712

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 2213 E.67th.Terrabe. *County, Ohio; and that the following are the available facts with relation to birth as of the date of delivery:* Kansas City, Mo.

1. PLACE OF BIRTH:
(a) County Union
(b) Essex, Jackson Township
(c) Name of hospital or institution: Essex, Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 18 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Essex Jackson Township
(d) Street No. .....

3. Full name of child Zieg Elizabeth Louise

4. Date of birth Nov. 30th. 1904

5. Sex: Female

6. Twin or triplet single If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Zieg Harry Edward
10. Color or race white 11. Age at time of this birth 24 yrs.
12. Birthplace Marion County
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Rosebury Emma Belle
16. Color or race white 17. Age at time of this birth 18 yrs.
18. Birthplace Jackson Township-Union County
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. E.L.Hall & Dr. Roebuck
Address Richwood, Ohio
M. D., midwife, or other .....

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.*

Elizabeth Louise Zieg Simpson
Applicant.

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.*

Elizabeth Louise Zieg Simpson
Applicant.

P. O. Address 2213 E.67th.Terrace , Kansas City,Mo.

Sworn to before me and signed in my presence this 23rd *day of* August, *19* 50

Martha Jane Guy
Deputy Clerk

SEAL

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....

Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19* .....

.....

The State of Ohio, Union **County, ss:**

I, Harry Edward Zieg 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 Edward Zieg

P. O. Address 471 East Center Street Marion, Ohio

Sworn to before me and signed in my presence this 23rd *day of* August, *19* 50

Martha Jane Guy
Deputy-Clerk

SEAL

The State of Ohio, Union **County, ss:**

I, Emma Belle Rosebury Zieg 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 Belle Rosebury Zieg

P. O. Address 471 East Center, Street, Marion, Ohio

Sworn to before me and signed in my presence this 23rd., *day of* August, *19* 50

Martha Jane Guy
Deputy-Clerk

Probate Court, Union **County, Ohio**

August 23rd., *19* 50

In the Matter of the Registration of Birth

of Elizabeth Louise Zieg

Case No. A-712

ORDER FOR HEARING

This day Elizabeth Louise Zieg *appeared in open court and filed an application for the* registration of hertbirth

It is ordered that hearing on said application hearing be had forthwith and that notice thereof be dispensed with

It is further ordered by The Court that ~~appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.~~ and hereby is

JOHN W. DAILEY
Probate Judge.

SEAL

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 23rd., 1950

In the Matter of the
REGISTRATION OF BIRTH
of Elizabeth Louise Zieg

Case No. A-712

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Elizabeth Louise Zieg *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 Harry Edward Zieg and Emma Bella Rosebury Zieg two credible witnesses.; *that notice of the hearing on said application has been* dispensed with 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) Essex Jackson Township
(c) Name of hospital or institution: Essex, Ohio
(d) Mother's stay before delivery:
In hospital or institution..... In this community 18 years

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson Township-Union County
(d) Street No. Essex, Ohio

3. Full name of child Zieg Elizabeth Louise

4. Date of birth Nov. 30, 1904

5. Sex: Female

6. Twin or triplet single If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? Yes

FATHER OF CHILD
9. Full name Zieg Harry Edward
10. Color or race white 11. Age at time of this birth 24 yrs.
12. Birthplace Marion County, Ohio
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD
15. Full maiden name Rosebury Emma Belle
16. Color or race white 17. Age at time of this birth 18 yrs.
18. Birthplace Jackson Township-Union County, 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?.....
(b) 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.E.L.Hall & Dr. Roebuck
Address Richwood, Ohio
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the

of Registration of Birth

Case No.

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Delphos, Ohio xxxxxxxxx *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) Taylor Township, xxxxxxxxxxxxxx
(c) Name of hospital or institution: Taylor Township, Union Co. Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 29

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Taylor Township
(d) Street No.

3. Full name of child McAdoe Hazel Mae

4. Date of birth May 19, 1893

5. Sex: Female

6. Twin or triplet Single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name McAdow William Henry
10. Color or race white 11. Age at time of this birth 37 yrs.
12. Birthplace Taylor Twp., Union Co. Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Laughrey Harriet Melvina
16. Color or race white 17. Age at time of this birth 29 yrs.
18. Birthplace Twylor Twp., 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? 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. Kenkins
Address Broadwey, Ohio
M. D., midwife, or other M.D.

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 Mae McAdow Holt
Applicant.

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 Mae McAdow Holt
Applicant.

P. O. Address 604 West 6th St., Delphos, Ohio

Sworn to before me and signed in my presence this 12 *day of* September, 1950

(SEAL)

Mary Sanders
Deputy-Clerk

AFFIDAVIT

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Hazel Mae McAdow

The State of Ohio, Union **County, ss:**

I, xxxxxxxxxxxxxxxx *do hereby certify that I was the physician in attendance at the birth of* ..... *, the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....

Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ..... *, 19* .....

The State of Ohio, Union **County, ss:**

I, Frank T. McCurdy *do hereby certify that 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 T. McCurdy

P. O. Address Raymond, Ohio

Sworn to before me and signed in my presence this 12 *day of* September, 19 50

(SEAL)

Mary Sanders
Deputy-Clerk

The State of Ohio, Union **County, ss:**

I, Nora 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.*

Nora Sanderson

P. O. Address Broadway, Ohio

Sworn to before me and signed in my presence this 12 *day of* September, 19 50

(SEAL)

Mary Sanders
Deputy-Clerk

Probate Court, Union County, Ohio

September 12, 19 50

In the Matter of the Registration of Birth
of Hazel Mae McAdow

Case No. A-714

ORDER FOR HEARING

This day Hazel Mae McAdow *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application hearing forthwith and that notice thereof be dispensed with

xxxxxxxxxxxxxxx

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

In the Matter of the
REGISTRATION OF BIRTH
of Hazel Mae McAdow

September 12, *19* 50
Case No. A-714

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Hazel Mae McAdow
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 Estimony of Frank T. McCurdy and Nora Sanderson, 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
(c) Name of hospital or institution: Taylor Township, Union Co. Ohio
(d) Mother's stay before delivery:
In hospital or institution..... In this community 29 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Taylor Tonwship
(d) Street No.

3. Full name of child McAdow Hazel Mae
4. Date of birth May 19, 1893
5. Sex: Female
6. Twin or triplet Single
If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD.
9. Full name McAdow William Henry
10. Color or race white 11. Age at time of this birth 37 yrs.
12. Birthplace Taylor Twp., Union Co. Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Laughrey Harriet Melvina
16. Color or race white 17. Age at time of this birth 29 yrs.
18. Birthplace Taylor Twp., 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?
(b) 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. Jenkins
Address Broadway, Ohio
M. D., midwife, or other M. D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the
Registration of Birth
of Hillard Lee Bosart

Case No. A-716

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 488 West 2nd Ave., 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) Washington Twp.
(c) Name of hospital or institution:
Washington Twp. Union Co. Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 33 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Washington Twp.
(d) Street No.

3. Full name of child Bosart Hillard Lee

4. Date of birth Nov. 2, 1890

5. Sex: Male

6. Twin or triplet Single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9 mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Bosart Leander Washington
10. Color or race white 11. Age at time of this birth 45 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Eastman, Anna
16. Color or race white 17. Age at time of this birth 33 yrs.
18. Birthplace Jackson Twp, 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? 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 Sally Burnside
Address R.F.D. Richwood, Ohio
M. D., midwife, or other midwife

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.*

Hillard Lee Bosart
Applicant.

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.*

Hillard Lee Bosart
Applicant.

P. O. Address 488 West 2nd Ave., Columbus, Ohio

Sworn to before me and signed in my presence this 17 *day of* November, *19* 50

(Seal)

Mary Sanders
Deputy-Clerk

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....
of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Ellis Virgil Bosart brother 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.*

Ellis Virgel Bosart

P. O. Address Route #1, West Mansfield, Ohio

Sworn to before me and signed in my presence this 17 *day of* November, *19* 50

(Seal)

Mary Sanders
Deputy-Clerk

The State of Ohio, Union **County, ss:**

I, Anna Bosart 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.*

Anna Bosart

P. O. Address Route #1, West Mansfield, Ohio

Sworn to before me and signed in my presence this 17 *day of* November, *19* 50

(Seal)

Mary Sanders
Deputy-Clerk

Probate Court, Union County, Ohio

November 17, *19* 50

In the Matter of the
Registration of Birth
of Hillard Lee Bosart

Case No. A-716

ORDER FOR HEARING

This day Hillard Lee Bosart *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application hearing forthwith and that notice thereof be dispensed with

It is further ordered by The Court that XXXXXXXXXXXXX *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this* XXXXXXXXXXXX

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

November 17, 19 50

In the Matter of the
REGISTRATION OF BIRTH
of Hillard Lee Bosart

Case No. A-716

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Hillard Lee Bosart
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 Ellis Virgil Bosart and Anna Bosart, 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.
(c) Name of hospital or institution:
Washington Twp., Union Co. Ohio
(d) Mother's stay before delivery:
In hospital or institution..... In this community 33 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Washington Twp.
(d) Street No.

3. Full name of child Bosart Hillard Lee
4. Date of birth Nov. 2, 1890
5. Sex: Male
6. Twin or triplet Single If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD
9. Full name Bosart Leander Washington
10. Color or race white 11. Age at time of this birth 45 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Eastman, Anna
16. Color or race white 17. Age at time of this birth 33 yrs.
18. Birthplace Jackson Twp., 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? 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 Sally Burnside
Address R.F.D., Richwood, Ohio
M. D., midwife, or other midwife

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the
In the Matter of the Registration of Birth
of Ernest Bertrude Robinson

Case No. A-717

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Arlington, Ohio ~~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
(c) Name of hospital or institution: Allen Township Union County, Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 28 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Allen Township
(d) Street No.

3. Full name of child Robinson Ernest Bertrude
4. Date of birth Aug. 14, 1882
5. Sex: Male
6. Twin or triplet Single If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9 mos
8. Mother married? Yes

FATHER OF CHILD
9. Full name Robinson, Francis James
10. Color or race white 11. Age at time of this birth 35 yrs.
12. Birthplace Canada
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Cline, Allie Esther
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Allen Township Union County, 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? 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. Alec Smith
Address Pattersburg, Ohio
M. D., midwife, or other M.D.

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.*

Ernest Bertrude 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.*

Ernest Bertrude Robinson
Applicant.

P. O. Address Arlington, Ohio

Sworn to before me and signed in my presence this 17th *day of* November, *19* 50

Mary Sanders
Deputy Clerk

SEAL

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the
of

The State of Ohio, ... **County, ss:**

I, ... *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, D.E.Beightler cousin by marriage 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.*

D.E.Beightler

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 17th *day of* November, *19* 50

Mary Sanders
Deputy Clerk

SEAL

The State of Ohio, Union **County, ss:**

I, Wm. F. Cline 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.*

W.F. Cline

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 17th *day of* November, *19* 50

Mary Sanders
Deputy Clerk

SEAL

Probate Court, Union County, Ohio

November 17th, *19* 50

In the Matter of the Registration of birth
of Ernest Bertrude Robinson

Case No. A-717

ORDER FOR HEARING

This day Ernest Bertrude Robinson *appeared in open court and filed an application for the* registration of birth

It is ordered that hearing on said application hearing be had forthwith and that notice thereof be sidpensed with.

XXXX

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

November 17th, 19 50

In the Matter of the
REGISTRATION OF BIRTH
of Ernest Bertrude Robinson

Case No. A-717

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Ernest Bertrude Robinson
for an order of The Court directing the registration of his *birth.*
the The Court *of*, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of D.E. Deightler and Wm. F. 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 Union County
(b) Allen Township
(c) Name of hospital or institution: Allen Township, Union County, Ohio
(d) Mother's stay before delivery:
In hospital or institution..... In this community 28yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Allen Township
(d) Street No.

3. Full name of child Robinson Ernest Bertrude
4. Date of birth Aug.14th,1882
5. Sex: Male
6. Twin or triplet Single If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9 mos.
8. Mother married? Yes

FATHER OF CHILD
9. Full name Robinson, Francis Ernest
10. Color or race white 11. Age at time of this birth 35 yrs.
12. Birthplace Canada
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Cline, Allie Ester
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Allen Township 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? 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. Alec Smith
Address Pottersburg, Ohio
M. D., midwife, or other M.D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the
Registration of Birth
of Roy Kenneth DeGood

Case No. A-720

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Route #1, Walbridge, ~~xxxxx~~ *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 Twp.
(c) Name of hospital or institution: Leesburg Twp., Union Co. Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 14 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg Township
(d) Street No.

3. Full name of child DeGood Roy Kenneth

4. Date of birth Oct. 8, 1891

5. Sex: Male

6. Twin or triplet Single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name DeGood, Wilbur
10. Color or race white 11. Age at time of this birth 45 yrs.
12. Birthplace Knox County, Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Dugan, Mary Ann
16. Color or race white 17. Age at time of this birth 42 yrs.
18. Birthplace Licking County, 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? 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. Harry McFadden
Address Magnetic Springs, Ohio
M. D., midwife, or other M.D.

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.*

Roy Kenneth DeGood
Applicant.

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 Kenneth DeGood
Applicant.

P. O. Address Route #1, Walbridge, Ohio

Sworn to before me and signed in my presence this 14th *day of* April, *19* 51

(Seal)

Mary Sanders
Deputy-Clerk

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address ..... *Attending Physician.*

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

.....

.....

The State of Ohio, Union **County, ss:**

I, Huber DeGood, brother 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.*

Huber DeGood

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 14th *day of* April, *19* 51

(Seal)

Mary Sanders
Deputy-Clerk

The State of Ohio, Union **County, ss:**

I, Ethel Myers, 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.*

Ethel Myers

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 14th *day of* April, *19* 51

Mary Sanders
Deputy-Clerk

Probate Court, Union County, Ohio

In the Matter of the
Registration of Birth
of Roy Kenneth DeGood

April 14, *19* 51

Case No. A-720

ORDER FOR HEARING

This day Roy Kenneth DeGood *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application hearing forthwith and that notice thereof be dispensed with

~~It is further ordered by the Court that~~ ~~appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary and this cause is continued~~ hereof is

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

April 14, 19 51

In the Matter of the
REGISTRATION OF BIRTH
of Roy Kenneth DeGood

Case No. A-720

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Roy Kenneth DeGood
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 Huber DeGood and Ethel 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) Leesburg Twp.
(c) Name of hospital or institution: Leesburg Twp., Union Co. Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 14 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg Township
(d) Street No.

3. Full name of child DeGood Roy Kenneth

4. Date of birth Oct. 8, 1891

5. Sex: Male

6. Twin or triplet Single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD
9. Full name DeGood, Wilbur
10. Color or race white 11. Age at time of this birth 45 yrs.
12. Birthplace Knox County, Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Dugan, Mary Ann
16. Color or race white 17. Age at time of this birth 42 yrs.
18. Birthplace Licking County, 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? 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. Harry McFadden
Address Magnetic Springs, Ohio
M. D., midwife, or other M.D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

547

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the
Registration of Birth
~~In the Matter of the~~ x
of Florence Alleyne Romine Miller

Case No. A-722

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Mobile, Alabama *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) Marysville
(c) Name of hospital or institution: Main Street
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 3 weeks

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No. Main Street (Number not known)

3. Full name of child: Miller, Florence Alleyne Romine

4. Date of birth July 18, 1902

5. Sex: Female

6. Twin or triplet: No — If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy: 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name: Miller, Clarence Edward
10. Color or race: White — 11. Age at time of this birth: 21 yrs.
12. Birthplace: Marysville, Ohio
13. Usual occupation: Farmer
14. Industry or business: Farmer

MOTHER OF CHILD

15. Full maiden name: Miller, Lillie Mae Romine
16. Color or race: White — 17. Age at time of this birth: 23 yrs.
18. Birthplace: Pharisburg, 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? 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. A. B. Swisher
Address: Marysville, Ohio
M. D., midwife, or other .....

Your applicant further represents that the registration of her *birth* is not recorded and she does not know why same was never recorded.

Your applicant hereby makes application for an order of the Court, directing the registration of her birth, *as provided by law.*

Florence M. Keefer
Florence M. Keefer *Applicant.*

The State of ~~Ohio~~ Alabama, Mobile **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Florence M. Keefer
Applicant.

P. O. Address 3073 Belmont Street, Mobile, Alabama

Sworn to before me and signed in my presence this 8th *day of* May, *19* 51

(Notary Seal)

John R. Hiiins, Jr.
Notary Public, State of Alabama At Large

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....
of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....

Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19* .....

(Notary Seal)

.....
.....

The State of Ohio, ~~Mxxxxxx~~ **County, ss:**

I, Clarence Edward Miller, Father of Florence Alleyne Romine 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.*

Clarence Edward Miller

P. O. Address Thornville, Ohio

Sworn to before me and signed in my presence this 14th *day of* May, *19* 51

W. A. Hite W. A. Hite
Notary Public, State of Ohio

(Notary Seal)

The State of Ohio, Union **County, ss:**

I, Louis 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.*

Louis F. Otte

P. O. Address Marysville, O.

Sworn to before me and signed in my presence this 15th *day of* May, *19* 51

Elwood E. Sawyer
Com. ex. 8-27-53

(Notary Seal)

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth of Florence Alleyne Romine Miller
of Mobile, Alabama

May 16th, *19* 51

Case No. A-722

ORDER FOR HEARING

This day Florence Alleyne Romine Miller Keefer *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application be dispensed with

~~It is further ordered by The Court that~~ xxxx be and hereby is xxx appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this xxx cause is continued. xxx

(Seal) John W. Dailey
Probate Judge.

548

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

May 16th, 19 51

In the Matter of the
REGISTRATION OF BIRTH
of Florence Alleyne Romine Miller

Case No. A-722

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Florence Alleyne Romine Miller Keefer *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* clear and convincing documentary evidence and the testimony of Clarence E. Miller and Louis F. Otte 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
(c) Name of hospital or institution: Main Street
(d) Mother's stay before delivery:
In hospital or institution..... In this community 3 weeks

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No. Main Street (No. not known)

3. Full name of child Florence Alleyne Romine Miller

4. Date of birth July 18, 1902

5. Sex: Female

6. Twin or triplet No If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9 mo.

8. Mother married? yes

FATHER OF CHILD
9. Full name Miller, Clarence Edward
10. Color or race White 11. Age at time of this birth 21 yrs.
12. Birthplace Marysville, Ohio
13. Usual occupation Farmer
14. Industry or business Farmer

MOTHER OF CHILD
15. Full maiden name Miller, Lillie Mae Romine
16. Color or race White 17. Age at time of this birth 23 yrs.
18. Birthplace Pharisburg, 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? 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. A. B. Swisher
Address Marysville, Ohio
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of ~~XXX~~
Registration of Birth of
~~XXXXXXXXXXXXXXX~~

of Thelma Irene Longberry

Case No. A-723

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Washington 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) Washington Township
(c) Name of hospital or institution:
Washington Township, Union Co., Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 2 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Washington Township
(d) Street No. .....

3. Full name of child Longberry Thelma Irene

4. Date of birth May 30, 1911

5. Sex: Female

6. Twin or triplet Single If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Longberry, Othel Ray
10. Color or race white 11. Age at time of this birth 24 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Hartman, Sylvia Leona
16. Color or race white 17. Age at time of this birth 20 yrs.
18. Birthplace Marion County, 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? 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. George Miller
Address Byhalia, Ohio
M. D., midwife, or other M.D.

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.*

Thelma Irene Longberry
Applicant.

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.*

Thelma Irene Longberry
Applicant.

P. O. Address Route #1, Richwood, Ohio

Sworn to before me and signed in my presence this 7th *day of* June, *19*51

(Seal)

Mary Sanders
Deputy-Clerk

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the .....
of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....

Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

(Seal)

The State of Ohio, Union **County, ss:**

I, Sylvia Longberry, 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.*

Sylvia Longberry

P. O. Address Route #1, Richwood, Ohio

Sworn to before me and signed in my presence this 7th *day of* June, *19*51

Mary Sanders
Deputy-Clerk

(Seal)

The State of Ohio, Union **County, ss:**

I, Della Jones, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Della Jones

P. O. Address Route #1, Richwood, Ohio

Sworn to before me and signed in my presence this 7th *day of* June, *19*51

Mary Sanders
Deputy-Clerk

(Seal)

Probate Court, Union **County, Ohio**

June 7th, *19*51

In the Matter of the
Registration of Birth
of Thelma Irene Longberry

Case No. A-723

ORDER FOR HEARING

This day Thelma Irene Longberry *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application hearing borthwith and that notice thereof be dispensed with

~~XXXXXXXXXXXXXX

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

June 7th., 19 51

In the Matter of the
REGISTRATION OF BIRTH
of Thelma Irene Longberry

Case No. A-723

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Thelma Irene Longberry *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 Sylvia Longberry and Della 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) Washington Township
(c) Name of hospital or institution: Washington Township, Union Co., Ohio
(d) Mother's stay before delivery:
In hospital or institution..... In this community 2 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Washington Township
(d) Street No.

3. Full name of child Longberry Thelma Irene

4. Date of birth May 30, 1911

5. Sex: Female

6. Twin or triplet Single If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD
9. Full name Longberry, Othel Ray
10. Color or race white 11. Age at time of this birth 24 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Hartman, Sylvia Leona
16. Color or race white 17. Age at time of this birth 20 yrs.
18. Birthplace Marion County, 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? 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. George Miller
Address Byhalia, Ohio
M. D., midwife, or other M. D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of Birth
of Mary Dale McMahon

Case No. A-724

APPLICATION

Your applicant respectfully represents that she *was born in* Union Township *County, Ohio; that* she *now resides in* Crawford County, 644 Grove Ave., Galion, Ohio *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) Taylor Township
(c) Name of hospital or institution: Taylor Township, Union Co., Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 4 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Taylor Township
(d) Street No.

3. Full name of child McMahon Mary Dale
4. Date of birth Sept. 9, 1912
5. Sex: Female
6. Twin or triplet Single If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD
9. Full name McMahon, Earl Ellsworth
10. Color or race white 11. Age at time of this birth 29 yrs.
12. Birthplace Claibourne Twp. Union Co. Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Henry, Minnie Florence
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Delaware County, 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? 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 M. D.

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 Dale McMahon Mansperger
Applicant.

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 Dale McMahon Mansperger
Applicant.

P. O. Address 644 Grove Ave., Galion, Ohio

Sworn to before me and signed in my presence this 30th *day of* June, *19* 51

(Seal)

Mary Sanders
Deputy-Clerk

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....

Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, Union **County, ss:**

I, Minnie McMahon, 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 McMahon

P. O. Address Route #4, Marysville, Ohio

Sworn to before me and signed in my presence this 30th *day of* June, *19* 51

(Seal)

Mary Sanders
Deputy-Clerk

The State of Ohio, Union **County, ss:**

I, Earl McMahon, 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.*

Earl McMahon

P. O. Address Route #4, Marysville, Ohio

Sworn to before me and signed in my presence this 30th *day of* June, *19* 51

(Seal)

Mary Sanders
Deputy-Clerk

Probate Court, Union **County, Ohio**

June 30, *19* 51

In the Matter of the Registration of Birth
of Mary Dale McMahon

Case No. A-724

ORDER FOR HEARING

This day Mary Dale McMahon *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application hearing forthwith and that notice thereof be dispensed with

~~It is further ordered by the Court that~~ ~~he be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued~~

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.

.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

June 30, 19 51

In the Matter of the
REGISTRATION OF BIRTH
of Mary Dale McMahon

Case No. A-724

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Mary Dale McMahon *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 Minnie McMahon and Earl McMahon, 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
(c) Name of hospital or institution: Taylor Township, Union Co., Ohio
(d) Mother's stay before delivery:
In hospital or institution..... In this community 4 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Taylor Township
(d) Street No.

3. Full name of child McMahon Mary Dale

4. Date of birth Sept. 9, 1912

5. Sex: Female

6. Twin or triplet Single If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD
9. Full name McMahon, Earl Ellsworth
10. Color or race white 11. Age at time of this birth 29 yrs.
12. Birthplace Claibourne Twp. Union Co. Ohio
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Henry, Minnie Florence
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Delaware County, 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? 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 M.D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, UNION County, Ohio

In the Matter of the

In the Matter of the Registration of Birth

of Terry Wetherill Stillings

Case No. A-725

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Union Township Milford Center *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 Township
(c) Name of hospital or institution: At Home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 4 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Milford Center Union Township
(d) Street No. Pleasant Street

3. Full name of child Stillings Terry Wetherill

4. Date of birth Sept.29,1936

5. Sex: Male

6. Twin or triplet Single If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Stillings Walter Thomas
10. Color or race white 11. Age at time of this birth 27 yrs.
12. Birthplace Milford Center, Union Co. O
13. Usual occupation Bookkeeper
14. Industry or business Grain Company

MOTHER OF CHILD

15. Full maiden name Wetherill Bonnie Belle
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Lima Ohio Allen County
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 J.L.Boylan
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.*

Terry Wetherill Stillings
Applicant.

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.*

Terry Wetherill Stillings
Applicant.

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 3rd *day of* July, *19* 51.

MARTHA JANE GUY
DEPUTY-Clerk

|*|

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of .....

The State of Ohio, ... County, ss:

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Walter Thomas Stillings 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.*

Walter Thomas Stillings

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 3rd. *day of* July, *19* 51.

Martha Jane Guy
Deputy-Clerk

|*|

The State of Ohio, Union County, ss:

I, Bonnie Belle Stillings 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.*

Bonnie Belle Stillings

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 3rd *day of* July, *19* 51.

Martha Jane Guy
Deputy-Clerk

|*|

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth

of Terry Wetherill Stillings

July 3rd., *19* 51

Case No. A-725

ORDER FOR HEARING

This day Terry Wetherill Stillings *appeared in open court and filed an application for the* Registration of his birth

It is ordered that hearing on said application hearing forthwith and that notice thereof be dispened with

~~XXXX

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ..., who now resides at....., and who claims that.....was born in.....County, Ohio, on the.....day of....., 19....., filed in the Probate Court of.....County, Ohio, an application for the.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....*County, Ohio.*

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of....., 19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, UNION **County, Ohio**

July 3rd., 19 51

In the Matter of the
REGISTRATION OF BIRTH
of Terry Wetherill Stillings

Case No. A-725

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Terry Wetherill Stillings *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 Walter Thomas Stillings and the mother Bonnie Belle Stillings, 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) Milford Center-Union Township
(c) Name of hospital or institution: At Home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 4 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Milford Center, Union Township
(d) Street No. Pleasant Street

3. Full name of child Stillimgs Terry Wetherill
4. Date of birth Sept.29-1936
5. Sex: Male
6. Twin or triplet single If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9
8. Mother married? Yes

FATHER OF CHILD
9. Full name Stillings Walter Thomas
10. Color or race white 11. Age at time of this birth 27 yrs.
12. Birthplace Milford Center, Union Co. O
13. Usual occupation Bookkeeper
14. Industry or business Grain Company

MOTHER OF CHILD
15. Full maiden name Wetherill Bonnie Belle
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Lima, Ohio Allen County
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 J.L.Boylan
Address Milford Center, Ohio
M. D., midwife, or other.....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

[*] JOHN W. DAILEY
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the
Registration of Birth
of Henry Ray Donovan

Case No. A-726

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Route #1, Richwood, Ohio/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
(c) Name of hospital or institution: Washington Township, Union Co., Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 8 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Washington Township
(d) Street No.

3. Full name of child Donovan Henry Ray

4. Date of birth Nov. 13, 1930

5. Sex: Male

6. Twin or triplet Single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD
9. Full name Donovan, Roy Roscoe
10. Color or race white 11. Age at time of this birth 33 yrs.
12. Birthplace Vermillian County, Illinois
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Strawser, Cecile Marie
16. Color or race white 17. Age at time of this birth 26 yrs.
18. Birthplace Marion County, 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. Brown
Address West Mansfield, Ohio
M. D., midwife, or other M.D.

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 Ray Donovan
Applicant.

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.

Henry Ray Donovan
Applicant.

P. O. Address Route #1, Richwood, Ohio

Sworn to before me and signed in my presence this 1st *day of* August, *19* 51

(Seal)

Mary Sanders
Deputy-Clerk

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....

Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19* .....

The State of Ohio, Union **County, ss:**

I, Roy Roscoe Donovan, 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.*

Roy Roscoe Donovan

P. O. Address Route #1, Richwood, Ohio

Sworn to before me and signed in my presence this 1st *day of* August, *19* 51.

(Seal)

Mary Sanders
Deputy-Clerk

The State of Ohio, Union **County, ss:**

I, Cecile Marie Donovan, 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.*

Cecile Marie Donovan

P. O. Address Route #1, Richwood, Ohio

Sworn to before me and signed in my presence this 1st *day of* August, *19* 51.

(Seal)

Mary Sanders
Deputy-Clerk

Probate Court, Union County, Ohio
August 1, *19* 51.

In the Matter of the
Registration of Birth
of Henry Ray Donovan

Case No. A-726

ORDER FOR HEARING

This day Henry Ray Donovan *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application hearing forthwith and that notice thereof be dispensed with

~~It is further ordered by the Court that ..... be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.~~

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 1, 19 51

In the Matter of the
REGISTRATION OF BIRTH
of Henry Ray Donovan

Case No. A-726

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Henry Ray Donovan
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 Roy Roscoe Donovan and Cecile Marie Donovan, 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
(c) Name of hospital or institution: Washington Township, Union Co., Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 8 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Washington Township
(d) Street No. .....

3. Full name of child Donovan Henry Ray
4. Date of birth Nov. 13, 1930
5. Sex: Male
6. Twin or triplet Single If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD
9. Full name Donovan, Roy Roscoe
10. Color or race white 11. Age at time of this birth 33 yrs.
12. Birthplace Vermillian County, Illinois
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Strawser, Cecile Marie
16. Color or race white 17. Age at time of this birth 26 yrs.
18. Birthplace Marion County, 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. Brown
Address West Mansfield, Ohio
.....
M. D., midwife, or other M.D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of Birth

of Beverly Sue Scheiderer

Case No. A-727

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Magnetic Springs, 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) Magnetic Springs
(c) Name of hospital or institution: Magnetic Springs, Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 28yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State UNIOHIO
(b) County UNION
(c) Magnetic Springs, Ohio
(d) Street No. .....

3. Full name of child Scheiderer Beverly Sue

4. Date of birth Jan.15,1934

5. Sex: Female

6. Twin or triplet Single If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9 mos

8. Mother married? Yes

FATHER OF CHILD
9. Full name Paul Scheiderer
10. Color or race white 11. Age at time of this birth 29 yrs.
12. Birthplace Marysville Union Co.Ohio
13. Usual occupation Masseur
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Ballard, Freda May
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Magnetic Springs, 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? 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. Herman C. Duke
Address Richwood, Ohio
.....
M. D., midwife, or other M.D.

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.*

Beverly Sue Scheiderer
Applicant.

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.*

Beverly Sue Scheiderer
Applicant.

P. O. Address Magnetic Springs, Ohio

Sworn to before me and signed in my presence this 17th *day of* August, *19* 51

Mary Sanders
Deputy-Clerk

(SEAL)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... County, ss:

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19* .....

The State of Ohio, Union County, ss:

I, Freda Scheiderer 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.*

Freda Scheiderer

P. O. Address Magnetic Springs, Ohio

Sworn to before me and signed in my presence this 17th *day of* August, *19* 51

Mary Sanders
Deputy-Clerk

(*)

The State of Ohio, Union County, ss:

I, Paul Scheiderer 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.*

Paul Scheiderer

P. O. Address Magnetic Springs, Ohio

Sworn to before me and signed in my presence this 17th. *day of* August, *19* 51

(Seal)

Mary Sanders
Deputy-Clerk

Probate Court, Union County, Ohio

August 17, *19* 51

In the Matter of the Registration of Birth

of Beverly Sue Scheiderer

Case No. A-727

ORDER FOR HEARING

This day Beverly Sue Scheiderer *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application hearing forthwith and that notice thereof be dispensed with

It is further ordered by The Court that ..... *be, and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 17, 19 51

In the Matter of the
REGISTRATION OF BIRTH
of Beverly Sue Scheiderer

Case No. A-727

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Beverly Sue Scheiderer *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 Freda Scheiderer and Paul Scheiderer, 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
(c) Name of hospital or institution:
Magnetic Springs, Union Co., Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 28 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Magnetic Springs
(d) Street No. .....

3. Full name of child Scheiderer Beverly Sue

4. Date of birth Jan. 15, 1934

5. Sex: Female

6. Twin or triplet Single If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD
9. Full name Scheiderer, Paul
10. Color or race white 11. Age at time of this birth 29 yrs.
12. Birthplace Marysville, Union Co., Ohio
13. Usual occupation Masseur
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Ballard, Freda May
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Magnetic Springs, 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? 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. H. C. Duke
Address Richwood, Ohio
.....
M. D., midwife, or other M. D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the
Registration of Birth
of Harold Aubrey Betsch

Case No. A-728

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Franklin *County, Ohio,* 257 Westgate Ave., 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
(c) Name of hospital or institution:
Milford Center, Union County, Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 2 mos.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Milford Center
(d) Street No.

3. Full name of child Betsch Harold Aubrey

4. Date of birth Aug. 17, 1908

5. Sex: Male

6. Twin or triplet Single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD
9. Full name Betsch, Peter Frank
10. Color or race white 11. Age at time of this birth 25 yrs.
12. Birthplace Columbus, Ohio
13. Usual occupation Machinist
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Gabriel, Edith
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Milford Center, 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? 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. J. L. Boylan
Address Milford Center, Ohio
M. D., midwife, or other M.D.

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 Aubrey 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 he *verily believes.*

Harold Aubrey Betsch
Applicant.

P. O. Address 257 South Westgate Ave., Columbus, Ohio

Sworn to before me and signed in my presence this 22 *day of* August, *19* 51.

(Seal)

Mary Sanders
Deputy-Clerk

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... County, ss:

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....

Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

.....

.....

The State of Ohio, Union County, ss:

I, Edith Chapman, 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.*

Edith Chapman

P. O. Address 2734 Vida Place, Columbus, Ohio

Sworn to before me and signed in my presence this 22 *day of* August, *19* 51.

(Seal)

Mary Sanders
Deputy-Clerk

The State of Ohio, Union County, ss:

I, Elmer E. Gabriel, Grandfather 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.*

Elmer E. Gabriel

P. O. Address East Fifth Street, Marysville, Ohio

Sworn to before me and signed in my presence this 22 *day of* August, *19* 51.

Mary Sanders
Deputy-Clerk

Probate Court, Union County, Ohio

August 22, 19 51

In the Matter of the
Registration of Birth
of Harold Aubrey Betsch

Case No. A-728

ORDER FOR HEARING

This day Harold Aubrey Betsch *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application hearing forthwith and that notice thereof be dispensed with

XXXX

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 22, 19 51

In the Matter of the
REGISTRATION OF BIRTH
of Harold Aubrey Betsch

Case No. A-728

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Harold Aubrey Betsch *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 Edith Chapman and Elmer E. 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) Milford Center
(c) Name of hospital or institution: Milford Center, Union County, Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 2 mos.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Milford Center
(d) Street No. .....

3. Full name of child Betsch Harold Aubrey

4. Date of birth Aug. 17, 1908

5. Sex: Male

6. Twin or triplet Single If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD
9. Full name Betsch, Peter Frank
10. Color or race white 11. Age at time of this birth 25 yrs.
12. Birthplace Columbus, Ohio
13. Usual occupation Machinist
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Gabriel, Edith
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Milford Center, 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? 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. J. L. Boylan
Address Milford Center, Ohio
.....
M. D., midwife, or other M.D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of Birth

of Richard Lee Barry

Case No. A-728

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Union County, Ohio/Marysville, Ohio *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
(c) Name of hospital or institution:
Paris Township Union County, Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 2 years

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Paris Township
(d) Street No.

3. Full name of child Barry Richard Lee

4. Date of birth Sept. 24th, 1926

5. Sex: Male

6. Twin or triplet Twin If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9 mos

8. Mother married? Yes

FATHER OF CHILD

9. Full name Barry Clarence Denver
10. Color or race white 11. Age at time of this birth 37 yrs.
12. Birthplace Hardin County, Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Turner, Fannie May
16. Color or race White 17. Age at time of this birth 37 yrs.
18. Birthplace Paris Township 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? 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. Charles E. Newbold
Address Marysville, Ohio
M. D., midwife, or other M.D.

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.*

Richard Lee Barry
Applicant.

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 Lee Barry
Applicant.

P. O. Address 210 West Third Street Marysville, Ohio

Sworn to before me and signed in my presence this 27th *day of* August, *19* 51

Mary Sanders
(*) Deputy Clerk

AFFIDAVIT

Probate Court, Union County, Ohio

In the Matter of the

of

The State of Ohio, County, ss:

I, ... *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19* .....

(*)

The State of Ohio, Union County, ss:

I, Fannie Barry 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.*

Fannie Barry

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 27th *day of* August, *19* 51

Mary Sanders
(*) Deputy Clerk

The State of Ohio, Union County, ss:

I, Beth Blumenschein 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.*

Beth Bluemenschein

P. O. Address 522 Collins Ave. Marysville, Ohio

Sworn to before me and signed in my presence this 27th *day of* August, *19* 51

Mary Sanders
(*) Deputy Clerk

Probate Court, Union County, Ohio

August 27th., *19* 51

In the Matter of the Registration of Birth

of Richard Lee Barry

Case No A-729

ORDER FOR HEARING

This day Richard Lee Barry *appeared in open court and filed an application for the* registration of birth

It is ordered that hearing on said application hearing forthwith and that notice thereof be dispensed with

~~XXXX

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, UNION **County, Ohio**

August 27th., 19 51

In the Matter of the
REGISTRATION OF BIRTH
of Richard Lee Barry

Case No. A-729

FINDING AND ORDER
REGISTRATION OF BIRTH
Richard Lee Barry

This day this cause came on to be heard on the application of.....
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 Fannie Barry and Beth Bluemenschein, 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
(c) Name of hospital or institution: Paris Township Union County, Ohio
(d) Mother's stay before delivery:
In hospital or institution..... In this community 2 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Paris Township
(d) Street No. .....

3. Full name of child Barry Richard Lee

4. Date of birth Sept. 24, 1926

5. Sex: Male

6. Twin or triplet Twin If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9 mos

8. Mother married? Yes

FATHER OF CHILD
9. Full name Barry, Clarence Denver
10. Color or race white 11. Age at time of this birth 37 yrs.
12. Birthplace Hardin County, Ohio
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Turner, Fannie May
16. Color or race white 17. Age at time of this birth 37 yrs.
18. Birthplace Paris Township Union County, 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? 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. Charles E. Newbold
Address Marysville, Ohio
M. D., midwife, or other M.D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, UNION County, Ohio

In the Matter of the

In the Matter of the Registration of Birth

of Stanton Wilmont Campbell

Case No. A-731

APPLICATION

Your applicant respectfully represents that he *was born in* UNION *County, Ohio; that* he *now resides in* St. Albans West Virginia *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
(c) Name of hospital or institution: Marysville, Ohio 257 W. 6th., Street
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 5 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union.
(c) Marysville
(d) Street No.

3. Full name of child Campbell Stanton Wilmont

4. Date of birth July 28, 1912

5. Sex: Male

6. Twin or triplet single If so—born 1st, 2nd, or 3d 9 mos

7. Number months of pregnancy 9 mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Campbell, Walter Greeley
10. Color or race white 11. Age at time of this birth 40 yrs.
12. Birthplace Aleppo Twp. Green Co. Penn.
13. Usual occupation Jeweler
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Murphy, Olive Grace
16. Color or race white 17. Age at time of this birth 29 yrs.
18. Birthplace Greene County, Penn.
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. A.B. Swisher
Address Marysville, Ohio
M. D., midwife, or other M.D.

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 regiatration of his birth *as provided by law.*

Stanton Wilmont Campbell
Applicant.

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.*

Stanton Wilmont Campbell
2604 Morell Ave. *Applicant.*
P. O. Address St. Albans West Virginia

Sworn to before me and signed in my presence this 8th. *day of* September, *19* 51.

Mary Sanders
Deputy Clerk

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address ..... *Attending Physician.*

Sworn to before me and signed in my presence this ..... *day of* ....., *19* .....

The State of Ohio, UNION **County, ss:**

I, Olive Grace Campbell 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.*

Olive Grace Campbell
806 Graden St.
P. O. Address Charleston West Virginia

Sworn to before me and signed in my presence this 8th *day of* September, *19* 51.

Mary Sanders
Deputy-Clerk

(SEAL)

The State of Ohio, UNION **County, ss:**

I, Nettie E. Campbell 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.*

Nettie W. Campbell
324 South Court Street
P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 8th *day of* September, *19* 51.

Mary Sanders
Deputy-Clerk

(*)

Probate Court, UNION County, Ohio

In the Matter of the Registration of Birth

of Stanton Wilmont Campbell

Case No. A-731

September 8th., *19* 51.

ORDER FOR HEARING

This day Stanton Wilmont Campbell *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application hearing forthwith and that noice thereof dispensed with

~~XXXX

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, UNION **County, Ohio**

September 8th., 19 51

In the Matter of the
REGISTRATION OF BIRTH
of Stanton Wilmont Campbell

Case No. A-731

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Stanton Wilmont Campbell
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* thw testimony of Olive Grace Campbell and Nettie W. Campbell, 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
(c) Name of hospital or institution: Marysville, Ohio 257 W. 6th. Street
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 5 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(d) Street No. .....

3. Full name of child Campbell Stanton Wilmont

4. Date of birth July 28, 1912

5. Sex: Male

6. Twin or triplet single If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9 mos

8. Mother married? Yes

FATHER OF CHILD

9. Full name Campbell, Walter Greeley
10. Color or race white 11. Age at time of this birth 40 yrs.
12. Birthplace Aleppo Twp. Greene Co. Penn
13. Usual occupation Jeweler
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Murphy, Olive Grace
16. Color or race White 17. Age at time of this birth 29 yrs.
18. Birthplace Greene County, Penn.
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. A.B.Swisher
Address Marysville, Ohio
.....
M. D., midwife, or other M.D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, UNION County, Ohio

In the Matter of the

In the Matter of the Registration of Birth

of DeMerrel Levona Moore

Case No. A-733

APPLICATION

Your applicant respectfully represents that she *was born in* UNION *County, Ohio; that* she *now resides in* Cadiz *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 Township
(c) Name of hospital or institution: None Home
(d) Mother's stay before delivery: several
In hospital or institution ..... In this community years

2. USUAL RESIDENCE OF MOTHER:
(a) State OHIO
(b) County UNION
(c) Claibourne Township
(d) Street No.

3. Full name of child Moore DeMerrel Levona

4. Date of birth 11-1-1894

5. Sex: Female

6. Twin or triplet no If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Moore Issac
10. Color or race white 11. Age at time of this birth 43 yrs.
12. Birthplace UNION COUNTY, Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Foos Relda
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace UNION COUNTY, 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? None
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name UNKNOWN
Address
M. D., midwife, or other

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.*

DeMerrel Levona Moore Owens
DeMerrel Levona(Moore) Owens
Applicant.

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.

Merrel Levona Moore Owens
Applicant.

P. O. Address Cadiz, Ohio

Sworn to before me and signed in my presence this 2nd *day of* October, *19* 51.

Rebecca J.Blue
Rebecca J. Blue Not. Pub. Union County, Ohio. Comm. ex. 2-7-54

SEAL

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, UNION **County, ss:**

I, John B. Foos 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.*

J.B.Foos

P. O. Address Richwood, Ohio

John B. Foos

Sworn to before me and signed in my presence this 2nd. *day of* October, *19* 51.

Rebecca J. Blue
Rebecca J. Blue Notary Public Union County, Ohio My Comm. ex 2-7-54

SEAL

The State of Ohio, UNION **County, ss:**

I, Elva R. Foos 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.*

Elva R. Foos

P. O. Address Richwood, Ohio

Elva R. Foos

Sworn to before me and signed in my presence this 2nd *day of* October, *19* 51.

Rebecca J. Blue
Rebecca J. Blue Notary Public, Union County, Ohio Comm.ex. 2-7-54

SEAL

Probate Court, UNION County, Ohio

Oct. 2., *19* 51.

In the Matter of the Registration of Birth

of DeMerrel Levona Moore

Case No. A-733

ORDER FOR HEARING

This day DeMerrel Levona Moore *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application hearing forthwith and that notice thereof be dispensed with.

XXXX

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, UNION **County, Ohio**

October 2nd., 19 51

In the Matter of the
REGISTRATION OF BIRTH
of DeMerrel Levona Moore

Case No. A-733

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of DeMerrel Levona 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 J.B. Foos and Elva R. Foos, 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 Township
(c) Name of hospital or institution: None (HOME)
(d) Mother's stay before delivery: In hospital or institution ..... In this community several years

2. USUAL RESIDENCE OF MOTHER:
(a) State OHio
(b) County UNION
(c) Claibourne Township
(d) Street No. .....

3. Full name of child Moore DeMerrel Levona
4. Date of birth 11-1-1994
5. Sex: Female
6. Twin or triplet no ... If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9
8. Mother married? Yes

FATHER OF CHILD
9. Full name Moore Isaac
10. Color or race white 11. Age at time of this birth 43 yrs.
12. Birthplace UNION COUNTY, OHIO
13. Usual occupation farmer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Foos Nelda
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace UNION COUNTY, 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? None
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name UNKNOWN
Address .....
.....
M. D., midwife, or other .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, UNION County, Ohio

In the Matter of the

In the Matter of the Registration of

~~X~~ birth of Verla Ruth Donovan

Case No. A-734

APPLICATION

Your applicant respectfully represents that she *was born in* Logan *County, Ohio; that* she *now resides in* Route #1, Richwood, O. 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 Logan
(b) R.F.D. West Mansfield, Ohio
(c) Name of hospital or institution: R.F.D. West Mansfield, Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 1 yr.

2. USUAL RESIDENCE OF MOTHER:
(a) State OHIO
(b) County Logan
(c) R.F.D. West Mansfield, Ohio
(d) Street No. .....

3. Full name of child Donovan Verla Ruth

4. Date of birth Feb. 24, 1933

5. Sex: Female

6. Twin or triplet single If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Donovan, Roy Roscoe
10. Color or race white 11. Age at time of this birth 35 yrs.
12. Birthplace Vermillian, County, Illinois
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Strawser, Cecile Marie
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Marion County, 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? 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. Charles Thompson
Address R.F.D. West Mansfield, Ohio
M. D., midwife, or other M.D.

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.*

Verla Ruth Donovan Morris
Applicant.

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.*

Verla Ruth Donovan Morris
Applicant.

P. O. Address Route #1-Richwood, Ohio

Sworn to before me and signed in my presence this 21st *day of* January, *19* 52

Mary Sanders
Deputy Clerk

(*)

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Roy Roscoe Donovan 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.*

Roy Roscoe Donovan

P. O. Address Route #1-Richwood, Ohio

Sworn to before me and signed in my presence this 21st *day of* January, *19* 52.

Mary Sanders
Deputy-Clerk

(*)

The State of Ohio, UNION **County, ss:**

I, Cecile Marie Donovan 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.*

Cecile Marie Donovan

P. O. Address Route #1 Richwood, Ohio

Sworn to before me and signed in my presence this 21st *day of* January, *19* 52

Mary Sanders
Deputy Clerk

(*)

Probate Court, UNion County, Ohio

January 21st., , *19* 52

In the Matter of the Registration of Birth

of Verla Ruth Donovan

Case No. .....

ORDER FOR HEARING

This day Verla Ruth Donovan *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application hearing forthwith and that notice thereof be dispened with

~~It is further ordered by the Court that~~ ~~be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued~~

(*) JOHN W. DAILEY
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

JOURNAL ENTRY

Probate Court, UNION **County, Ohio**

January 21st., 19 52

In the Matter of the
REGISTRATION OF BIRTH
of Verla Ruth Donovan

Case No. A-734

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Verla Ruth Donovan
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 Roy Roscoe Donovan and Cecile Marie Donovan, 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) R.F.D.West Mansfield, Ohio
(c) Name of hospital or institution: R.F.D. West Mansfield, Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 1 yr.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Logan
(c) R.F.D.West Mansfield, Ohio
(d) Street No.

3. Full name of child Donovan Verla Ruth
4. Date of birth Feb.24,1933
5. Sex: Female
6. Twin or triplet Single
If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9 mos.
8. Mother married? Yes

FATHER OF CHILD
9. Full name Donovan, Roy Roscoe
10. Color or race white 11. Age at time of this birth 35 yrs.
12. Birthplace Vermillian County, Illinois
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Strawser, Cecile Marie
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Marion County, 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?
(b) 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. Charles Thompsom
Address R.F.D.West Mansfield, Ohio
M. D., midwife, or other M.D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

569

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the
Registration of Birth
of Pearl Meeker Parish

Case No. A-737

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* LaRue, Ohio, 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) Jackson Township
(c) Name of hospital or institution:
Jackson Township, Union County, Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 35 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson Township
(d) Street No.

3. Full name of child Parish Pearl Meeker

4. Date of birth Nov. 7, 1886

5. Sex: Male

6. Twin or triplet Single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD
9. Full name Parish, Thomas Ushel
10. Color or race white 11. Age at time of this birth 38 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Bottenfield, Emma Esther
16. Color or race white 17. Age at time of this birth 35 yrs.
18. Birthplace Marion County, 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? 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 Dr. Williams
Address Rush Creek, Ohio, Union Co.
M. D., midwife, or other M. D.

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.*

Pearl Meeker Parish
Applicant.

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 Meeker Parish
Applicant.

P. O. Address Box 53, LaRue, Ohio

Sworn to before me and signed in my presence this 10th *day of* March, *19* 52.

(Seal) Mary Sanders
Deputy-Clerk

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the
of

The State of Ohio, ... County, ss:

I, ... *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, Union County, ss:

I, Charles W. Blue, *do hereby certify that 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. Blue

P. O. Address Route #1, Richwood, Ohio

Sworn to before me and signed in my presence this 10th *day of* March, *19* 52.

(Seal) Mary Sanders
Deputy-Clerk

The State of Ohio, Union County, ss:

I, Ira A. Carter, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Ira A Carter

P. O. Address Box 242, LaRue, Ohio

Sworn to before me and signed in my presence this 10th *day of* March, *19* 52.

(Seal) Mary Sanders
Deputy-Clerk

Probate Court, Union County, Ohio
March 10, *19* 52

In the Matter of the
Registration of Birth
of Pearl Meeker Parish

Case No. A-737

ORDER FOR HEARING

This day Pearl Meeker Parish *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application hearing forthwith and that notice thereof be dispensed with

XXXX

570

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

March 10, 19 52

In the Matter of the
REGISTRATION OF BIRTH
of Pearl Meeker Parish

Case No. A-737

FINDING AND ORDER
REGISTRATION OF BIRTH
Pearl Meeker Parish

This day this cause came on to be heard on the application of.....
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 W. Blue and Ira A. Carter, 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
(c) Name of hospital or institution: Jackson Township, Union County, Ohio
(d) Mother's stay before delivery:
In hospital or institution..... In this community 35 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson Township
(d) Street No.

3. Full name of child Parish Pearl Meeker
4. Date of birth Nov. 7, 1886
5. Sex: Male
6. Twin or triplet Single If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD
9. Full name Parish, Thomas Ushel
10. Color or race white 11. Age at time of this birth 38 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Bottenfield, Emma Esther
16. Color or race white 17. Age at time of this birth 35 yrs.
18. Birthplace Marion County, 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? 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 Dr. Williams
Address Rush Creek, Ohio, Union Co.
M. D., midwife, or other M.D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of Birth

of Janet Louise Clemans

Case No. A-738

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Milford Center, Ohio xxxxxxxxx *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) Milford Center, Ohio
(c) Name of hospital or institution: Milford Center, Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 8 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Milford Center
(d) Street No.

3. Full name of child Clemans Janet Louise

4. Date of birth Jan. 27, 1933

5. Sex: Female

6. Twin or triplet Single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9 mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Clemans, Cecil Andrew
10. Color or race white 11. Age at time of this birth 32 yrs.
12. Birthplace Mechanicsburg, Ohio
13. Usual occupation Electrician
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Lewis, Ruth Elizabeth
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Greenfield, 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? 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 L. Boylan
Address Milford Center, Ohio
M. D., midwife, or other M.D.

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.*

Janet Louise Clemans
Applicant.

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.*

Janet Louise Clemans
Applicant.

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 19th *day of* March, *19* 52

(Seal)

Mary Sanders
Deputy-Clerk

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

.....

.....

The State of Ohio, Union **County, ss:**

I, Ruth E. Clemans, 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.*

Ruth E. Clemans

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 19th *day of* March, *19* 52.

(Seal)

Mary Sanders
Deputy-Clerk

The State of Ohio, Union **County, ss:**

I, Priscilla Boylan, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Priscilla Boylan

P. O. Address 228 S. Maple St. Marysville, Ohio

Sworn to before me and signed in my presence this 19th *day of* March, *19* 52.

(Seal)

Mary Sanders
Deputy-Clerk

Probate Court, Union County, Ohio

March 19th, *19* 52

In the Matter of the Registration of Birth

of Janet Louise Clemans

Case No. A-738

ORDER FOR HEARING

This day Janet Louise Clemans *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application hearing forthwith and that notice thereof be dispensed with

XXXX

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

March 19, 19 52

In the Matter of the
REGISTRATION OF BIRTH
of Janet Louise Clemans

Case No. A-738

FINDING AND ORDER
REGISTRATION OF BIRTH
Janet Louise Clemans

This day this cause came on to be heard on the application of.....
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 Ruth E. Clemans and Priscilla Boylan, 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, Ohio
(c) Name of hospital or institution: Milford Center, Ohio
(d) Mother's stay before delivery:
In hospital or institution..... In this community 8 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Milford Center
(d) Street No.

3. Full name of child Clemans Janet Louise

4. Date of birth Jan. 27, 1933

5. Sex: Female

6. Twin or triplet Single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD
9. Full name Clemans, Cecil Andrew
10. Color or race white 11. Age at time of this birth 32 yrs.
12. Birthplace Mechanicsburg, Ohio
13. Usual occupation Electrician
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Lewis, Ruth Elizabeth
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Greenfield, 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? 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 L. Boylan
Address Milford Center, Ohio
M. D., midwife, or other M.D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, UNION County, Ohio

In the Matter of the

In the Matter of the Registration of

of Glennard Gaylord Neel

Case No. A-739

APPLICATION

Your applicant respectfully represents that he *was born in* UNION *County, Ohio; that* he *now resides in* Route # 1 Radnor, Ohio *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 Township
(c) Name of hospital or institution: Leesburg Township Union County, Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 4 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State OHIO
(b) County UNION
(c) Leesburg Township
(d) Street No.

3. Full name of child Neel Glennard Gaylord

4. Date of birth July 12, 1908

5. Sex: Male

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9mo

8. Mother married? Yes

FATHER OF CHILD

9. Full name Neel Smmet Ray
10. Color or race white 11. Age at time of this birth 23 yrs.
12. Birthplace Claibourne Twp., Union Co. Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Griffith, Addie
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Richwood, Ohio Union County
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. H. C. Duke
Address Richwood, Ohio
M. D., midwife, or other M.D

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.*

Glennard Gaylord Neel
Applicant.

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.*

Glennard Gaylord Neel
Applicant.

P. O. Address Route # 1 Richwood, Ohio Glennard Gaylord Neel

Sworn to before me and signed in my presence this 28th *day of* March, *19* 52

(*) Mary Sanders-
Deputy Clerk

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... County, ss:

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....

Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

(*) .....

The State of Ohio, UNION County, ss:

I, Addie Neel 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.*

Addie Neel

P. O. Address Route # 3, Richwood, Ohio

Sworn to before me and signed in my presence this 28th *day of* March, *19* 52

Mary Sanders
(*) Deputy-Clerk

The State of Ohio, UNION County, ss:

I, Estella Neel, *do hereby certify that 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 Neel

P. O. Address N. Franklin Street Richwood, Ohio

Sworn to before me and signed in my presence this 28th *day of* March, *19* 52

Mary Sanders
(*) Deputy Clerk

Probate Court, UNION County, Ohio

In the Matter of the Registration of Birth

of Glennard Gaylord Neel

March 28th, *19* 52

Case No. A.-739

ORDER FOR HEARING

This day Glennard Gaylord Neel *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application hearing forthwith and that notice thereof be dispemsed with.

~~xxxx

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, UNION **County, Ohio**

March 28th., 19 52.

In the Matter of the
REGISTRATION OF BIRTH
of Glennard Gaylord Neel

Case No. A-739

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Glennard Gaylord Neel
for an order of The Court directing the registration of his *birth.*
Glennard Gaylord Neel, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of xxxxxxxxxxxxxxxxxxxxx Addie Neel amd Estella Neel, 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
(c) Name of hospital or institution: Leesburg Township, Union County, Ohio
(d) Mother's stay before delivery:
In hospital or institution..... In this community 4 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State OHIO
(b) County UNION
(c) Leesburg Township
(d) Street No. .....

3. Full name of child Neel Glennard Gaylord

4. Date of birth July 12, 1908

5. Sex: Male

6. Twin or triplet sibgle If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9 mos

8. Mother married? Yes

FATHER OF CHILD

9. Full name Neel Emmet Ray
10. Color or race white 11. Age at time of this birth 23 yrs.
12. Birthplace Claibourne Township, UNION Co.
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Griffith, Addie
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Richwood, Ohio, Union County, 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?.....
(b) 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. H. C. Duke
Address Richwood, Ohio
M. D., midwife, or other M.D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

[*] JOHN W. DAILEY
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the
Registration of Birth
of Helen Irene Wright

Case No. A-740

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Marysville, Ohio./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) Washington Township
(c) Name of hospital or institution: Washington Township, Union Co. Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 4 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Washington Township
(d) Street No.

3. Full name of child Wright Helen Irene

4. Date of birth May 3, 1914

5. Sex: Female

6. Twin or triplet Single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD
9. Full name Wright, Lewis Leora
10. Color or race white 11. Age at time of this birth 33 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Gregory, Edna Opal
16. Color or race white 17. Age at time of this birth 21 yrs.
18. Birthplace Marysville, 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? 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. J. J. Boone
Address Mount Victory, Ohio
M. D., midwife, or other M. D.

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.*

Helen Irene Wright Sherwood
Applicant.

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.*

Helen Irene Wright Sherwood
Applicant.

P. O. Address 525 West 5th St. Marysville, Ohio

Sworn to before me and signed in my presence this 14th *day of* April, *19* 52

(Seal)

Mary Sanders
Deputy-Clerk

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....
of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Edna O. Wright 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.*

Edna O. Wright

P. O. Address 527 W. 5th St. Marysville, Ohio

Sworn to before me and signed in my presence this 14th *day of* April, *19* 52.

Mary Sanders
Deputy-Clerk

The State of Ohio, Union **County, ss:**

I, A. B. Meddles, *do hereby certify that 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. B. Meddles

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 14th *day of* April, *19* 52.

Mary Sanders
Deputy-Clerk

Probate Court, Union County, Ohio
April 14, *19* 52

In the Matter of the
Registration of Birth
of Helen Irene Wright

Case No. A-740

ORDER FOR HEARING

This day Helen Irene Wright *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application hearing forthwith and that notice thereof be dispensed with

It is further ordered by the Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

(Seal) John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

April 14, 19 52

In the Matter of the
REGISTRATION OF BIRTH
of Helen Irene Wright

Case No. A-740

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Helen Irene Wright
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 Edna O. Wright and A. B. Meddles, 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
(c) Name of hospital or institution: Washington Township, Union Co. Ohio
(d) Mother's stay before delivery:
In hospital or institution..... In this community 4 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Washington Township
(d) Street No.

3. Full name of child Wright Helen Irene

4. Date of birth May 3, 1914

5. Sex: Female

6. Twin or triplet Single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD
9. Full name Wright, Lewis Leora
10. Color or race white 11. Age at time of this birth 33 yrs.
12. Birthplace Union County, Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Gregory, Edna Opal
16. Color or race white 17. Age at time of this birth 21 yrs.
18. Birthplace Marysville, 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? 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. J. J. Boone
Address Mount Victory, Ohio
M. D., midwife, or other M. D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, UNION County, Ohio

In the Matter of the

In the Matter of the Registration of Birth

of Jay Frank Laymaster

Case No. A-741

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, Ohio
(c) Name of hospital or institution: At Home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 2 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County UNION
(c) Marysville
(d) Street No.

3. Full name of child Laymaster Jay Frank

4. Date of birth Nov. 26, 1879

5. Sex: Male

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9 mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Laymaster Jackson Sheets
10. Color or race white 11. Age at time of this birth 29 yrs.
12. Birthplace Logan County, Ohio
13. Usual occupation Teamster
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Jolley Nancy M.
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace Logan County, 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? 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. John Q. Southard
Address Marysville, Ohio
M. D., midwife, or other M.D.

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.*

Jay Frank
Applicant.

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.*

Jay Frank Laymester
Applicant.

P. O. Address 422 West Eight Street Marysville/ Ohio

Sworn to before me and signed in my presence this 14th *day of* April, *19* 52

Mary Sanders
Deputy-Clerk

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

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*.....

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*.....

Probate Court, UNION County, Ohio

In the Matter of the Registration of Birth

of Jay Frank Laymaster

April 14th., *19* 52

Case No. A-741

ORDER FOR HEARING

This day Jay Frank Laymaster *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application hearing forthwith and that notice thereof be dispensed with.

~~It is further ordered by The Court that ..... be and hereby is appointed Master Commissioner to take testimony in said application, the services of said Master Commissioner are necessary and that the sum of ..... be taxed as costs herein.~~

(*) JOHN W. DAILEY
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, UNION **County, Ohio**

April 14th., 1952

In the Matter of the
REGISTRATION OF BIRTH
of Jay Frank Raymaster

Case No. A-741

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Jay Frank Laymaster
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* clear and convincing 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) Marysville, Ohio
(c) Name of hospital or institution: At Home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 2 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State OHIO
(b) County UNION
(c) Marysville, Ohio
(d) Street No.

3. Full name of child Laymaster Jay Frank

4. Date of birth November 26,1879

5. Sex: Male

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9 mos.

8. Mother married? Yes

FATHER OF CHILD
9. Full name Laymaster Jackson Sheets
10. Color or race white 11. Age at time of this birth 29 yrs.
12. Birthplace Logan County, Ohio
13. Usual occupation Teamster
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Jolley Nancy M.
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace Logan County, 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? 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. John Q. Southard
Address Marysville, Ohio
M.D.
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, UNION County, Ohio

In the Matter of the

In the Matter of the Registration of

of Fay Arthur Bergandine

Case No. A-742

APPLICATION

Your applicant respectfully represents that he *was born in* UNION *County, Ohio; that* he *now resides in* Marysville, 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) Allen Township
(c) Name of hospital or institution: Allen Township, Union County, Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 22yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Allen Township
(d) Street No.

3. Full name of child Bergandine Fay Arthur

4. Date of birth June 26, 1901

5. Sex: Male

6. Twin or triplet Single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Bergandine Jesse
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Allen Township, Union County
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Burroughs Florence Myrtle
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Allen Township Union County, 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?
(b) 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. Alexander Smith
Address Pottersburg, Ohio
M. D., midwife, or other M.D.

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.*

Fay Arthur Bergandine
Applicant.

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.*

Fay Arthur Bergandine
Applicant.

P. O. Address 327 West 8th St. Marysville, Ohio

Sworn to before me and signed in my presence this 22nd *day of* April, *19* 52

Mary Sanders
Deputy-Clerk

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Chester 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.*

Chester Cline

P. O. Address 274 West 8th Street Marysville, Ohio

Sworn to before me and signed in my presence this 22nd *day of* April, *19* 52

Mary Sanders
Deputy-Clerk

The State of Ohio, UNION **County, ss:**

I, William F. 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.*

William F. Cline

P. O. Address 216 South Oak Street Marysville, Ohio

Sworn to before me and signed in my presence this 22nd. *day of* April, *19* 52

Mary Sanders
Deputy-Clerk

Probate Court, UNION County, Ohio

In the Matter of the Registration of Birth

of Fay Arthur Bergandine

April 22nd., *19* 52

Case No. A-742

ORDER FOR HEARING

This day Fay Arthur Bergandine *appeared in open court and filed an application for the* registration of birth

It is ordered that hearing on said application hearing forthwith and that notice thereof be dispensed with

XXXXXXXXXXXXXXXXXXXXXXXXXXXX *be and hereby is appointed Master Commissioner to take sworn testimony in said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

JOHN W. DAILEY
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, UNION **County, Ohio**

In the Matter of the
REGISTRATION OF BIRTH
of Fay Arthur Bergandine

Case No. A- 742

FINDING AND ORDER
REGISTRATION OF BIRTH

April 22nd., 19 52.

This day this cause came on to be heard on the application of Fay Arthur Bergandine
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 Chester Cline and William F. Cline 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) Allen Township
(c) Name of hospital or institution: Allrn Township-Union County, Ohio
(d) Mother's stay before delivery:
In hospital or institution..... In this community 22yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County UNION
(c) Allen Township
(d) Street No. .....

3. Full name of child Bergandine Fay Arthur
4. Date of birth June 26,1901
5. Sex: Male
6. Twin or triplet Single If so—born 1st, 2nd, or 3d.....
7. Number months of pregnancy 9mos.
8. Mother married? Yes

FATHER OF CHILD
9. Full name Bergandine,Jesse
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Allen Township-Union County, Ohio
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Burroughs,Florence Myrtle
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Allen Township
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. Alexander Smith
Address Pottersburg, Ohio
M. D., midwife, or other M.D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

I*I JOHN W. DAILEY
Probate Judge.

JOURNAL ENTRY

Probate Court,.....County, Ohio

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

Case No. .....

FINDING AND ORDER
CORRECTION OF BIRTH RECORD

....., 19.....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, UNION County, Ohio

In the Matter of the

In the Matter of the Registration of Birth

of Charles Coe Wiley

Case No. A-743

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) Washington Township Union Co. Ohio
(c) Name of hospital or institution:
(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) Washington Township
(d) Street No.

3. Full name of child Wiley Charles Coe

4. Date of birth March 11, 1913

5. Sex: Male

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9 mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Wiley Charley Olen
10. Color or race white 11. Age at time of this birth 26 yrs.
12. Birthplace Jackson Township Union County, O
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Coe, Florence Elizabeth
16. Color or race white 17. Age at time of this birth 27 yrs.
18. Birthplace York Township Union County, 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? 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. L. I. Roebuck
Address Richwood, Ohio
M. D., midwife, or other M.D.

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 Coe Wiley
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.*

Charles Coe Wiley
Applicant.

P. O. Address Route # 1 Richwood, Ohio

Sworn to before me and signed in my presence this 28th *day of* April, *19* 52

Mary Sanders
(*) Deputy-Clerk

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the

of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Florence Wiley 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 Wiley

P. O. Address Route # 1 Richwood, Ohio

Sworn to before me and signed in my presence this 28th *day of* April, *19* 52

Mary Sanders
(*) Deputy-Clerk

The State of Ohio, UNION **County, ss:**

I, Marjorie McAllister 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.*

Marjorie McAllister

P. O. Address Route # 1 Richwood, Ohio

Sworn to before me and signed in my presence this 28th *day of* April, *19* 52

Mary Sanders
(*) Deputy-Clerk

Probate Court, UNION County, Ohio

April 28th., *19* 52

In the Matter of the Registration of Birth

of Charles Coe Wiley

Case No. A-743

ORDER FOR HEARING

This day Charles Coe Wiley *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application hearing forthwith and that notice thereof be dispensed with

~~XXXX

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, UNION **County, Ohio**

In the Matter of the
REGISTRATION OF BIRTH
of Charles Coe Wiley

April 28th., *19* 52.
Case No. A-743

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Charles Coe Wiley
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 Wiley and Marjorie McAllister, 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
(c) Name of hospital or institution: Washington Township Union County, Ohio
(d) Mother's stay before delivery:
In hospital or institution..... In this community 3 years

2. USUAL RESIDENCE OF MOTHER:
(a) State OHIO
(b) County Union
(c) Washington Township
(d) Street No. .....

3. Full name of child Wiley Charles Coe
4. Date of birth March 11th., 1913
5. Sex: Male
6. Twin or triplet single
If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9 mos.
8. Mother married? Yes

FATHER OF CHILD
9. Full name Wiley Charley Olen
10. Color or race white 11. Age at time of this birth 26 yrs.
12. Birthplace Jackson Township Union County, O
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Florence Elixabeth Coe
16. Color or race white 17. Age at time of this birth 27 yrs.
18. Birthplace York Township Union County, 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?.....
(b) 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. L.L.Roebuck
Address Richwood, Ohio
.....
M. D., midwife, or other M.D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, UNION County, Ohio

In the Matter of the
In the Matter of the Registration of Birth
of Charles LeRoy Clarridge

Case No. A-746

APPLICATION

Your applicant respectfully represents that he *was born in* UNION *County, Ohio; that* he *now resides in* 309 E. 5th. Street-Marysville, Ohio *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) Byhalia Washington Township
(c) Name of hospital or institution: At Home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 2 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State OHIO
(b) County Union
(c) Byhalia Washington Township
(d) Street No.

3. Full name of child Clarridge Charles Leroy
4. Date of birth Feb. 4, 1890
5. Sex: Male
6. Twin or triplet single If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9
8. Mother married? Yes

FATHER OF CHILD
9. Full name Clarridge Addison
10. Color or race white 11. Age at time of this birth 23 yrs.
12. Birthplace Mt Sterling, Ohio
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD
15. Full maiden name Watkins Jennie
16. Color or race white 17. Age at time of this birth 21 yrs.
18. Birthplace Logan County, 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? Npne

22. Attending Physician or Midwife:
Name Elmer Mathers
Address Byhalia, Ohio
M. D., midwife, or other M.D.

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 Leroy Clarridge
Applicant.

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 Leroy Clarridge
Applicant.

P. O. Address 309 E. 5th Street, Marysville, Ohio

Sworn to before me and signed in my presence this 21st *day of* June, *19* 52

Martha Jane Guy
(*) Deputy-Clerk

AFFIDAVIT

Probate Court, UNION County, Ohio

In the Matter of the
of

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, Frank Bonham neighbor of vincinity *do hereby certify that 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 Bonham

P. O. Address Ridgeway, Ohio Route # 1

Sworn to before me and signed in my presence this 21st *day of* June, *19* 52

Martha Jane Guy
(*) Deputy Clerk

The State of Ohio, UNION **County, ss:**

I, Lewis E. Turner neighbor of the vincinity *do hereby certify that 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 21st *day of* June, *19* 52

Martha Jane Guy
(*) Deputy-Clerk

Probate Court, UNION County, Ohio

June 21st., *19* 52

In the Matter of the Registration of Birth
of Charles Leroy Clarridge

Case No. A-746

ORDER FOR HEARING

This day Charles Leroy Clarridge *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application hearing forthwith and that notice thereof be dispensed with.

It is further ordered by The Court that xxxxxxxxxxxx *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(*) JOHN W. DAILEY
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, UNION **County, Ohio**

June 21st., 19 52

In the Matter of the

REGISTRATION OF BIRTH

of Charles LeRoy Clarridge

Case No. A-746

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Charles LeRoy Clarridge
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 Bonham and Lewis E. Turner neighbors of the vicinity, 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) Byhalia Washington Township
(c) Name of hospital or institution: At Home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 2 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Byhalia Washington Township
(d) Street No. .....

3. Full name of child Clarridge Charles Leroy

4. Date of birth Feb. 4. 1890

5. Sex: Male

6. Twin or triplet single If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9 mos

8. Mother married? Yes

FATHER OF CHILD

9. Full name Clarridge Addison
10. Color or race white 11. Age at time of this birth 23 yrs.
12. Birthplace Mt. Sterling, Ohio
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Watkins Jennie
16. Color or race white 17. Age at time of this birth 21 yrs.
18. Birthplace Logan County, 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?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name Elmer Water
Address Byhalia, Ohio
M. D., midwife, or other M.D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, UNION County, Ohio

In the Matter of the

In the Matter of the Registration of Birth

of Marian Alice Spurling

Case No. A-747

APPLICATION

Your applicant respectfully represents that she *was born in* UNION *County, Ohio; that* she *now resides in* Auburn Indiana *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, Ohio Paris Township
(c) Name of hospital or institution: At Home
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 19 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville, Ohio Paris Twp.
(d) Street No.

3. Full name of child Spurling Marian Alice

4. Date of birth Feb. 9, 1905

5. Sex: Female

6. Twin or triplet single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9 mos

8. Mother married? Yes

FATHER OF CHILD
9. Full name Spurling Harry Robert
10. Color or race white 11. Age at time of this birth 23 yrs.
12. Birthplace Jersey City Mo.
13. Usual occupation Foreman
14. Industry or business Cabinet Worker

MOTHER OF CHILD
15. Full maiden name White Pearl Irene
16. Color or race white 17. Age at time of this birth 19 yrs.
18. Birthplace Marysville, Ohio Union County
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 P.D. Longbrake
Address Marysville, Ohio
M. D., midwife, or other M.D.

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.*

Marian Alice Spurling Gearhart
Applicant.

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.*

Marian Alice Spurling Gearhart
Applicant.

P. O. Address Auburn, Indiana

Sworn to before me and signed in my presence this 21st *day of* June, *19* 52

Martha Jane Guy
(*) Deputy Clerk

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application 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, May Morris 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.*

May Morris

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 21st *day of* June, *19* 52

Martha Jane Guy
(*) Deputy Clerk

The State of Ohio, UNION **County, ss:**

I, Archie Spurling 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.*

Archie Spurling

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 21st *day of* June, *19* 52

Martha Jane Guy
(*) Deputy Clerk

Probate Court, UNION 21st. **County, Ohio**

In the Matter of the Registration of Birth

of Marian Alice Spurling

June 21st., *19* 52

Case No. A-747

ORDER FOR HEARING

This day Marian Alice Spurling *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application hearing forthwith and that notice thereof be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(*) JOHN W. DAILEY
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....
.....

JOURNAL ENTRY

Probate Court, UNION **County, Ohio**

June 21st, 19 52

In the Matter of the
REGISTRATION OF BIRTH
of Marian Alice Spurling

Case No. A-747

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Marian Alice Spurling
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 Aunt and Uncle 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, Ohio Paris Twp.
(c) Name of hospital or institution: at home
(d) Mother's stay before delivery:
In hospital or institution..... In this community 19 yrs

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville, Ohio Paris Twp.
(d) Street No.

3. Full name of child Spurling Marian Alice
4. Date of birth Feb. 9, 1905
5. Sex: Female
6. Twin or triplet: single; If so—born 1st, 2nd, or 3d
7. Number months of pregnancy: 9 mo.
8. Mother married? Yes

FATHER OF CHILD
9. Full name Spurling Harry Robert
10. Color or race White 11. Age at time of this birth 23 yrs.
12. Birthplace Jersey City Mo.
13. Usual occupation Foreman
14. Industry or business Cabinet Worker

MOTHER OF CHILD
15. Full maiden name White Pearl Irene
16. Color or race white 17. Age at time of this birth 19 yrs.
18. Birthplace Marysville, Ohio Union County
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 P. D. Longbrake
Address Marysville, Ohio
M. D., midwife, or other

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the
Registration of Birth
of Charlotte Elizabeth Shanks

Case No. A-748

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* St. Petersburg, Florida xxxxxx *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) Irwin, Union Township
(c) Name of hospital or institution: Irwin, Union Township, Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 5 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Irwin, Union Township, Ohio
(d) Street No. .....

3. Full name of child Shanks Charlotte Elizabeth
4. Date of birth July 1r, 1891
5. Sex: Female
6. Twin or triplet Single If so—born 1st, 2nd, or 3d .....
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD
9. Full name Shanks, Oscar Ely
10. Color or race white 11. Age at time of this birth 25 yrs.
12. Birthplace Rosedale, Madison Co., Ohio
13. Usual occupation Laborer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Hodge, Alice May
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace Union County, 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? 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 .....

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.*

Charlotte Elizabeth Shanks Biringer
Applicant.

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.*

Charlotte Elizabeth Shanks Biringer
Applicant.
P. O. Address 4431 First Ave., St. Petersburg, Florida

Sworn to before me and signed in my presence this 11th *day of* July, *19* 52.

(Seal)

Mary Sanders
Deputy-Clerk

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....
of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address ..... *Attending Physician.*

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

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*.....

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*.....

Probate Court, Union County, Ohio

In the Matter of the
Registration of Birth
of Charlotte Elizabeth Shanks

July 11, *19* 52.
Case No. A-748

ORDER FOR HEARING

This day Charlotte Elizabeth 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 upon the return of the report of Clifton L. Caryl, Master Commissioner

It is further ordered by The Court that Clifton L. Caryl *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(Seal)

John W. Dailey
Probate Judge.

For Commission to take Deposition of Witnesses - See Reg. of Birth Vol. 2, Page 627

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

July 11, 19 52

In the Matter of the
REGISTRATION OF BIRTH
of Charlotte Elizabeth Shanks

Case No. A-748

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Charlotte Elizabeth 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 Edna Violet and Alice M. Shanks, credible witnesses as examined by the Special Master/Commissioner appointed 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) Irwin, Union Township
(c) Name of hospital or institution: Irwin, Union Township, Ohio
(d) Mother's stay before delivery:
In hospital or institution..... In this community 5 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Irwin, Union Township, Ohio
(d) Street No.

3. Full name of child Shanks Charlotte Elizabeth

4. Date of birth July 14, 1891

5. Sex: Female

6. Twin or triplet Single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD
9. Full name Shanks, Oscar Ely
10. Color or race white 11. Age at time of this birth 25 yrs.
12. Birthplace Rosedale, Madison Co., Ohio
13. Usual occupation Laborer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Hodge, Alice May
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace Union County, 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? 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

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of the Birth
of Florence Vivian Sparks

Case No. A-750

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 121 Second Street, Marysville, Ohio *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
(c) Name of hospital or institution: Allen Township
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 40 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Allen Township
(d) Street No.

3. Full name of child Sparks, Florence Vivian

4. Date of birth Sept. 4, 1890

5. Sex: Female

6. Twin or triplet Single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 7

8. Mother married? yes

FATHER OF CHILD

9. Full name Sparks, Isaac Jennings
10. Color or race white 11. Age at time of this birth 53 yrs.
12. Birthplace West Liberty, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Brown Eliza Louise
16. Color or race white 17. Age at time of this birth 40 yrs.
18. Birthplace Raymond, 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. Smith
Address Pottersburg, Ohio
M. D., midwife, or other M.D.

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 V. Spurling
Applicant.

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 Vivian Sparks
Applicant.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 24 *day of* July *19* 52

(seal)

John W. Dailey

AFFIDAVIT

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Florence Vivian Sparks

The State of Ohio, ... **County, ss:**

I, ... *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....

Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, Union **County, ss:**

I, Holly O. 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.*

Holly O. Brake

P. O. Address Lakeview, Ohio

Sworn to before me and signed in my presence this 24th *day of* July *19* 52

(seal)

John W. Dailey

The State of Ohio, Union **County, ss:**

I, Clinton 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.*

Clinton Brake

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 24th *day of* July *19* 52

John W. Dailey

Probate Court, Union County, Ohio

July 24, *19* 52

In the Matter of the Registration of Birth
of Florence Vivian Sparks

Case No. A-750

ORDER FOR HEARING

This day Florence Vivian Sparks *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

It is further ordered by The Court that XXXXXXXXXX *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.*

(seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

July 24, 19 52

In the Matter of the

REGISTRATION OF BIRTH

of Florence Vivian Sparks

Case No. A-750

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Florence Vivian Sparks
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 Holly O. Brake and Clinton Brake; *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
(c) Name of hospital or institution: Allen Township
(d) Mother's stay before delivery:
In hospital or institution..... In this community 40 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Allen Township
(d) Street No.

3. Full name of child Sparks Florence Vivian

4. Date of birth Sept. 4, 1890

5. Sex: Female

6. Twin or triplet Single If so—born 1st, 2nd, or 3d

7. Number months of pregnancy 7

8. Mother married? yes

FATHER OF CHILD

9. Full name Sparks Isaac Jennings
10. Color or race white 11. Age at time of this birth 53 yrs.
12. Birthplace West Liberty, Ohio
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Brown Eliza Louise
16. Color or race white 17. Age at time of this birth 40 yrs.
18. Birthplace Raymond, 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. Smith
Address Pottersburg, Ohio
M. D., midwife, or other M.D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the
Registration of Birth
of Lula Jane Wade

Case No. A-751

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Mansfield, XXXX *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) York Township
(c) Name of hospital or institution: York Township
(d) Mother's stay before delivery:
In hospital or institution..... In this community 24

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) York Township
(d) Street No.

3. Full name of child Wade Lula Jane

4. Date of birth May 10, 1897

5. Sex: Female

6. Twin or triplet Single If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Wade John Archie
10. Color or race white 11. Age at time of this birth 27 yrs.
12. Birthplace Hardin County
13. Usual occupation farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Penhorwood Mary E.
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace Union County
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. L. Thompson
Address York Township
M. D., midwife, or other M.D.

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.*

Lula Jane Wade 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 she *verily believes.*

Lula Jane Wade McElroy
Applicant.

P. O. Address Mansfield, Ohio

Sworn to before me and signed in my presence this 1st *day of* August, *19* 52.

(seal)

John W. Dailey
Probate Judge

AFFIDAVIT

Probate Court, Union County, Ohio

In the Matter of the
Registration of Birth
of Lula Jane Wade

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

(seal)

.....
Probate Judge

The State of Ohio, Union **County, ss:**

I, William Penhorwood 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.*

W. E. Penhorwood.

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 1st *day of* August, *19* 52.

(seal)

John W. Dailey
Probate Judge

The State of Ohio, Union **County, ss:**

I, Anna Huffman 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.*

Anna Myrta Huffman.

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 1st *day of* August, *19* 52.

(seal)

John W. Dailey
Probate Judge

Probate Court, Union County, Ohio

August 1, *19* 52.

In the Matter of the
Registration of Birth
of Lula Jane Wade

Case No. A-751

ORDER FOR HEARING

This day Lula Jane Wade *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 thereof be dispensed with

It is further ordered by The Court that ~~X~~ *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(seal)

John W. Dailey
Probate Judge.

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

August 1, 19 52.

In the Matter of the

REGISTRATION OF BIRTH

of Lula Jane Wade

Case No. A-751

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lula Jane Wade
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 Penhorwood and Anna Huffman; *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
(c) Name of hospital or institution: York Township
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 24

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) York Township
(d) Street No. .....

3. Full name of child Wade Lula Jane

4. Date of birth May 10, 1897

5. Sex: Female

6. Twin or triplet Single If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Wade John Archie
10. Color or race white 11. Age at time of this birth 27 yrs.
12. Birthplace Hardin County
13. Usual occupation farming
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Penhorwood Mary E.
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace Union County
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. L. Thompson
Address York Center, Ohio
.....
M. D., midwife, or other M.D.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

....., 19.....

In the Matter of the

CORRECTION OF BIRTH RECORD

of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols., O. Form 1023 (B. F.)

APPLICATION

Probate Court, Union County, Ohio

In the Matter of the

In the Matter of the Registration of Birth

of Leah Helen Schurch

Case No. A-752

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Richwood, ~~XXXXX~~ *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) Essex, Jackson Township
(c) Name of hospital or institution: Essex, Jackson Twp, Union Co. Ohio
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 31

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Essex, Jackson Township
(d) Street No.

3. Full name of child Schurch Leah Helen
4. Date of birth June 24, 1913
5. Sex: Female
6. Twin or triplet single If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD
9. Full name Schurch, George William
10. Color or race white 11. Age at time of this birth 33 yrs.
12. Birthplace Jackson Twp. Union Co. Ohio
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Daum, Minnie
16. Color or race white 17. Age at time of this birth 31 yrs.
18. Birthplace Jackson Twp., 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? 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.

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.*

Leah Helen Schurch 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.*

Leah Helen Schurch Evans
Applicant.

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 22nd *day of* August, *19* 52.

(seal)

Mary Sanders
Deputy-Clerk

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of the .....

of .....

The State of Ohio, ... **County, ss:**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address ..... *Attending Physician.*

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

The State of Ohio, Union **County, ss:**

I, Florence B. Dysert, *do hereby certify that 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 B. Dysert

P. O. Address Ottawa St., Richwood, Ohio

Sworn to before me and signed in my presence this 22nd *day of* August, *19* 52.

(seal)

Mary Sanders
Deputy-Clerk

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*.....

Probate Court, Union **County, Ohio**

August 22, *19* 52

In the Matter of the Registration of Birth

of Leah Helen Schurch

Case No. A-752

ORDER FOR HEARING

This day Leah Helen Schurch *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application hearing forthwith and that notice thereof be dispensed with

It is further ordered by The Court that xxx *be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary; and this cause is continued.*

(seal)

John W. Dailey
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, Union **County, Ohio**

In the Matter of the
REGISTRATION OF BIRTH
of Leah Helen Schurch

Case No. A-752

August 22, 19 52

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Leah Helen Schurch
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 Florence B. Dysert, credible witness and by clear and convincing 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) Essex, Jackson Township
(c) Name of hospital or institution: Essex, Jackson Twp., Union Co. Ohio
(d) Mother's stay before delivery:
In hospital or institution..... In this community 31 yrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Essex, Jackson Township
(d) Street No.

3. Full name of child Schurch Leah Helen

4. Date of birth June 24, 1913

5. Sex: Female

6. Twin or triplet single If so—born 1st, 2nd, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD
9. Full name Schurch, George William
10. Color or race white 11. Age at time of this birth 33 yrs.
12. Birthplace Jackson Twp. Union Co. Ohio
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Daum, Minnie
16. Color or race white 17. Age at time of this birth 31 yrs.
18. Birthplace Jackson Twp., 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? 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.

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF REGISTRATION OF BIRTHS

5-41—4. Heer Ptg. Co., Cols.,O. Form 1023 (B. F.)

APPLICATION

Probate Court, UNION County, Ohio

In the Matter of the Registration of Birth
of Blanche Seigman

Case No. A-753

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) Jerome
(c) Name of hospital or institution: Jerome Township
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jerome Twp.
(d) Street No. .....

3. Full name of child Seigman Blanche

4. Date of birth April 30th.,1888

5. Sex: Female

6. Twin or triplet -- If so—born 1st, 2nd, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? Yes

FATHER OF CHILD
9. Full name Seigman Chester
10. Color or race white 11. Age at time of this birth 33 yrs.
12. Birthplace York County Pennsylvania
13. Usual occupation Farming
14. Industry or business Farming

MOTHER OF CHILD
15. Full maiden name Beecher Lucretia Jane
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Union County, Ohio
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? None
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name Dr. A.J. Pounds
Address Watkins, Union County, Ohio
M. D., midwife, or other None

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.*

Blanche Seigman Morelock
Applicant.

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.*

Blanche Seigman Morelock
Applicant.

P. O. Address 116½ S. Main Street, Marysville, Ohio

Sworn to before me and signed in my presence this 13th *day of* September, *19* 52.

Todd Hoopes
(*) Notary Public State of Ohio

AFFIDAVIT

Probate Court, ... County, Ohio

In the Matter of the .....
of .....

The State of Ohio, ... County, ss:

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. O. Address .....
Attending Physician.

Sworn to before me and signed in my presence this ..... *day of* ....., *19*.....

.....
(*)

The State of Ohio, UNION County, ss:

I, Albert M. Gardner 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.*

Albert M. Gardner

P. O. Address 111 E. 7th Street Marysville, Ohio

Sworn to before me and signed in my presence this 13th *day of* September, *19* 52.

Todd Hoopes
(*) Notary Public State of Ohio

The State of Ohio, UNION County, ss:

I, James Edwards 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.*

James Edwards

P. O. Address Marysville, Ohio Route # 3

Sworn to before me and signed in my presence this 13th *day of* September, *19* 52.

Todd Hoopes
(*) Notary Public State of Ohio

Probate Court, UNION County, Ohio

In the Matter of the Registration of Birth
of Blanche Seigman

September 13th., *19* 52.

Case No. A-753

ORDER FOR HEARING

This day Blanche Seigman *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 the said hearing be dispensed with

~~It is further ordered by The Court that~~ ..... ~~be and hereby is appointed Master Commissioner to take sworn testimony on said application, if the services of a Master Commissioner are necessary, and this cause is continued.~~

(*) JOHN W. DAILEY
Probate Judge.

RECORD OF REGISTRATION OF BIRTHS

NOTICE OF HEARING AND PROOF OF PUBLICATION

To Whom It May Concern:

Notice Is Hereby Given that on the.....day of....., 19....., ...
....., who now resides at....., and who claims
that.....was born in.....County, Ohio, on the.....day of.....,
19....., filed in the Probate Court of.....County, Ohio, an application for the.....
.....

Said application will be for hearing in the Probate Court of.....County, Ohio, on the.....day of
....., 19....., at.....o'clock.....M.

Dated this.....day of....., 19.....

.....
Probate Judge.
.....County, Ohio.

PROOF OF PUBLICATION

The State of Ohio,.....County, ss:

Personally appeared before me,.....,
and made solemn oath that the notice, a copy of which is hereto attached, was published once, on the.....day of.....,
19....., in the.....a newspaper of general circulation in the County aforesaid.

.....

Sworn to before me and signed in my presence, this.....day of....., 19.....

.....

.....

JOURNAL ENTRY

Probate Court, UNION **County, Ohio**

September 13th., 19 52

In the Matter of the
REGISTRATION OF BIRTH
of Blanche Seigman

Case No. A-753

FINDING AND ORDER
REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Blanche Seigman Morelock
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 Gardner and James Edwards *; 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 (TWP)
(c) Name of hospital or institution: Jerome Township
(d) Mother's stay before delivery:
In hospital or institution no In this community

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jerome Township
(d) Street No.

3. Full name of child Seigman Blanche
4. Date of birth April 30th., 1888
5. Sex: Female
6. Twin or triplet no If so—born 1st, 2nd, or 3d
7. Number months of pregnancy 9 mo.
8. Mother married? Yes

FATHER OF CHILD
9. Full name Seigman Chester
10. Color or race White 11. Age at time of this birth 33 yrs.
12. Birthplace York County Pennsylavina
13. Usual occupation Farming
14. Industry or business Farming

MOTHER OF CHILD
15. Full maiden name Beecher Lucretia Jane
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Union County, Ohio
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? None
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name Dr. A. J. Pounds
Address Watkins, Union County, Ohio
M. D., midwife, or other None

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.

JOURNAL ENTRY

Probate Court,.....County, Ohio
....., 19.....

In the Matter of the
CORRECTION OF BIRTH RECORD
of .....

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 that the facts stated in said application are true.

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.

RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

3-42—.5 Heer Ptg. Co., Cols., O. Form 1024-A (B. F. Rev.)

COMMISSION TO TAKE DEPOSITION
(CORRECTION OR REGISTRATION OF BIRTH)

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Fred Harmon Maybee

Case No. A-178
COMMISSION

To Alexander O. Ramlose, *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* Fred Harmon Maybee applicant *who resides at* 2422 N. Ridgeway Ave., Chicago, Illinois *and who is unable to appear in said Court, in the matter of the* registration of birth *of* Fred Harmon Maybee, *now a resident of* Chicago (City or Village) Illinois (State); *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* Fred Harmon Maybee *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* Fred Harmon Maybee, *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* 2nd *day of* April, *19* 42.

(SEAL)

John W. Dailey
Judge and ex-officio Clerk of the Probate Court

DEPOSITION OF Fred Harmon Maybee

In the Matter of Registration of Birth
of Fred Harmon Maybee

Case No. A-178
DEPOSITION

I, Alexander O. Ramlose, *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* Fred Harmon Maybee *in the matter of the* registration of birth *of* Fred Harmon Maybee, *now a resident of* Chicago (City or Village) Cook (County) Illinois (State), *do hereby certify that in pursuance of said commission, I caused the said* Fred Harmon Maybee *to come personally before me at* 3937 Fullerton Avenue/ Chicago, Illinois, *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* Fred Harmon Maybee, *testified as follows:*

602

RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

Fred Harmon Maybee, *the undersigned, being first duly sworn according to law to tell the truth, the whole truth and nothing but the truth, hereby* swears *that* Fred Harmon Maybee *was born in* Union *County, Ohio; that* I am *now a resident of* Chicago (City or Village) Cook (County) Illinois (State); *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) Broadway (City) (Village) (Township)

(c) Name of hospital or institution: at home, Broadway, 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 4 years (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. 17/1883 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no — If so—born 1st, 2d, or 3rd .....

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. Mary (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: only child

(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 .....

Address .....

.....

M.D., midwife, or other .....

Answers must be given as of date of delivery of applicant

I *further* swear *that the registration of* my *birth* is not recorded

Fred Harmon Maybee

2422 N. Ridgeway Ave. Chicago, Ill.

CERTIFICATE

I hereby certify that the foregoing was reduced to writing by me, in the presence of Fred Harmon Maybee *the* applicant *herein, and was subscribed by* him *in my presence, on this* 4th *day of* May, 19 42.

In Testimony Whereof, I have hereunto set my hand, at Chicago, Illinois ~~xxxx~~, *this* 4th *day of* May, 19 42.

(SEAL)

Alexander O. Ramlose
Commissioner

Commissioner's Fee - - - - $ 5.00

Witness..... Fees - - - - $.....

Total $.....

RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

3-42—.5 Heer Ptg. Co., Cols., O. Form 1024-A (B. F. Rev.)

COMMISSION TO TAKE DEPOSITION
(CORRECTION OR REGISTRATION OF BIRTH)

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Floyd Alburn Firestone

Case No. A-297
COMMISSION

To Roscoe O. Bonisteel, *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* Floyd Alburn applicant *who resides at* Ann Arbor, Michigan *and who is unable to appear in said Court, in the matter of the* registration of birth *of* Floyd Alburn Firestone, *now a resident of* Ann Arbor (City or Village) Michigan (State); *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* Floyd Alburn Firstone *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* Floyd Alburn Firestone, *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* 16th *day of* June, *19* 42

(SEAL)

John W. Dailey
Judge and ex-officio Clerk of the Probate Court

DEPOSITION OF FLOYD ALBURN FIRESTONE

In the Matter of Registration of Birth
of Floyd Alburn Firestone

Case No. A-297
DEPOSITION

I, Roscoe O. Bonisteel, *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* Floyd Alburn Firestone, applicant *in the matter of the* registration of birth *of* Floyd Alburn Firestone, *now a resident of* Ann Arbor (City or Village) Washtenaw County (County) Michigan (State), *do hereby certify that in pursuance of said commission, I caused the said* Floyd Alburn Firestone *to come personally before me at* 201-5 Wolverine Bldg. Ann Arbor, Michigan, *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* Floyd Alburn Firestone, *testified as follows:*

604

RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

Floyd Alburn Firestone, *the undersigned, being first 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 *now a resident of* Ann Arbor (City or Village) Washtenaw County (County) Michigan (State); *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 (City) (Village) (Township)

(c) Name of hospital or institution: Edge of Marysville (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) (Village) (Township)

(d) Street No. .....

3. Full name of child Firestone (Surname) Floyd (First) Alburn (Middle)

4. Date of birth Sept. 21, 1898 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet no If so—born 1st, 2d, or 3rd.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Firestone, Arlo Wallace (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 26 yrs.

12. Birthplace Spencer (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Mgr. Davis Chair Factory

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Bonnett, Myrtle (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 farmer's daughter

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 to applicant

Address .....

M.D., midwife, or other.....

Answers must be given as of date of delivery of applicant

I *further* swear *that the registration of* my *birth* is not recorded

Floyd Alburn Firestone

CERTIFICATE

I hereby certify that the foregoing was reduced to writing by me, in the presence of Floyd Alburn Firestone *the* applicant *herein, and was subscribed by* him *in my presence, on this* 18th *day of* June, 1942.

In Testimony Whereof, I have hereunto set my hand, at Ann Arbor, Michigan, ~~Ohio~~, *this* 18th *day of* June, *19* 42.

(SEAL)

Roscoe O. Bonisteel
Commissioner

Commissioner's Fee - - - - $ 5.00

Witness..... Fees - - - - $.....

Total $.....

RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

3-42—.5 Heer Ptg. Co., Cols., O. Form 1024-A (B. F. Rev.)

COMMISSION TO TAKE DEPOSITION
(CORRECTION OR REGISTRATION OF BIRTH)

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Alfred Starr Bennett

Case No. A- 299
COMMISSION

To William B. Hess, *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* Alfred Starr Bennett *who resides at* Pratt Kansas *and who is unable to appear in said Court, in the matter of the* registration of birth *of* Alfred Starr Bennett, *now a resident of* Pratt (City or Village) (County) Kansas (State); *who has filed an application for the* 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* Alfred Starr Bennett *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* Alfred Starr Bennett, *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* 17 *day of* June, *19* 42.

(SEAL)

John W. Dailey
Judge and ex-officio Clerk of the Probate Court

DEPOSITION OF Alfred Starr Bennett

In the Matter of the registration of birth
of Alfred Starr Bennett

Case No. A- 299
DEPOSITION

I, William B. Hess, *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* Alfred Starr Bennett *in the matter of the* registration of birth *of* Alfred Starr Bennett, *now a resident of* Pratt (City or Village) (County) Kansas (State), *do hereby certify that in pursuance of said commission, I caused the said* Alfred Starr Bennett *to come personally before me at* Pratt Kansas, *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* Alfred Starr Bennett, *testified as follows:*

606

RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

Alfred Starr Bennett, *the undersigned, being first duly sworn according to law to tell the truth, the whole truth and nothing but the truth,* doth *hereby* swear *that* Alfred Starr Bennett *was born in* Union *County, Ohio; that* he is *now a resident of* Pratt (City or Village) (County) Kansas (State); *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) 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 Bennett (Surname) Alfred (First) Starr (Middle)

4. Date of birth Apr 2, 1895 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ..... If so—born 1st, 2d, or 3rd .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Bennett (Surname) Alfred (First) Willard (Middle)

10. Color or race white 11. Age at time of this birth 27 yrs.

12. Birthplace Olney, Illinois (City, town, or county) (State or foreign country)

13. Usual occupation merchant

14. Industry or business coal dealer

MOTHER OF CHILD

15. Full maiden name Starr (Surname) Ora (First) Dell (Middle)

16. Color or race white 17. Age at time of this birth 23 yrs.

18. Birthplace New Albany, 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. Willis

Address Milford Center, Ohio

M.D., midwife, or other

Answers must be given as of date of delivery of applicant

he *further* swears *that the registration of* his *birth* is not recorded

Alfred Starr Bennett

CERTIFICATE

I hereby certify that the foregoing was reduced to writing by me, in the presence of Alfred Starr Bennett *the* applicant *herein, and was subscribed by* him *in my presence, on this ..... day of ....., 19.....*

In Testimony Whereof, I have hereunto set my hand, at ....., Ohio, this ..... day of ....., 19.....

(SEAL)

William B. Hess
Commissioner

Commissioner's Fee - - - - $5.00

Witness..... Fees - - - - $.....

Total $5.00

See Page- 99 for recprd of case.

RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

3-42—.5 Heer Ptg. Co., Cols., O. Form 1024-A (B. F. Rev.)

COMMISSION TO TAKE DEPOSITION
(CORRECTION OR REGISTRATION OF BIRTH)

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Verne Everett Arnold

Case No. A-280
COMMISSION

To William G. East, *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* Verne Everett Arnold *who resides at* Eugene, Oregon *and who is unable to appear in said Court, in the matter of the* registration of birth *of* Verne Everett Arnold, *now a resident of* Eugene (City or Village) Oregon (State); *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* Verne Everett Arnold *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* Verne Everett Arnold, *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* June, *19* 42

(SEAL)

John W. Dailey
Judge and ex-officio Clerk of the Probate Court

DEPOSITION OF VERNE EVERETT ARNOLD

In the Matter of Registration of Birth
of Verne Everett Arnold

Case No. A-280
DEPOSITION

I, William G. East, *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* Verne Everett Arnold *in the matter of the* registration of birth *of* Verne Everett Arnold, *now a resident of* Eugene (City or Village) Lane (County) Oregon (State), *do hereby certify that in pursuance of said commission, I caused the said* Verne Everett Arnold *to come personally before me at* Room 201 Miner Building, Eugene, Lane County, Oregon, *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* Verne Everett Arnold, *testified as follows:*

608

RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

I, Verne Everett Arnold, *the undersigned, being first duly sworn according to law to tell the truth, the whole truth and nothing but the truth,* do *hereby* swear *that* I *was born in* Union *County, Ohio; that* I am *now a resident of* Eugene (City or Village), Lane (County), Oregon (State); *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) Jerome (City) (Village) (Township)

(c) Name of hospital or institution:

No hospital, born 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 years
(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 Arnold (Surname) Verne (First) Everett (Middle)

4. Date of birth Dec. 30, 1881 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet no If so—born 1st, 2d, or 3rd.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Arnold, Henry (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 29 yrs.

12. Birthplace Steubenville (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 Ashbaugh, Ellen Almira (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Galion (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? 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. Harriott

Address Jerome, Ohio

.....

M.D., midwife, or other.....

Answers must be given as of date of delivery of applicant

I *further* swear *that the registration of* my *birth* is not recorded

Verne Everett Arnold

CERTIFICATE

I hereby certify that the foregoing was reduced to writing by me, in the presence of Verne Everett Arnold *the* applicant *herein, and was subscribed by* him *in my presence, on this* 23rd *day of* June, 19 42.

In Testimony Whereof, I have hereunto set my hand, at Eugene, Oregon, ~~Ohio,~~ *this* 23rd *day of* June, 19 42.

(SEAL)

William G. East
Commissioner

Commissioner's Fee - - - - $.....

Witness..... Fees - - - - $.....

Total $.....

RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

3-42—.5 Heer Ptg. Co., Cols., O. Form 1024-A (B. F. Rev.)

COMMISSION TO TAKE DEPOSITION
(CORRECTION OR REGISTRATION OF BIRTH)

Probate Court, Union County, Ohio

In the Matter of the Registration of birth
of Harold Schmelzer Hancock

Case No. A-331
COMMISSION

To Wallace W. Clark, *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* Harold Schmelzer Hancock applicant *who resides at* 546 West Virginia, Phoenix, Arizona *and who is unable to appear in said Court, in the matter of the* registration of birth *of* Harold Schmelzer Hancock, *now a resident of* Phoenix (City or Village) Maricopa County (County) Arizona (State); *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* Harold Schmelzer Hancock *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* Harold Schmelzer Hancock, *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* 6th *day of* August, *19* 42.

(SEAL)

John W. Dailey
Judge and ex-officio Clerk of the Probate Court

DEPOSITION OF HAROLD SCHMELZER HANCOCK

In the Matter of the Registration of birth
of Harold Schmelzer Hancock

Case No. A-331
DEPOSITION

I, Wallace W. Clark, *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* Harold Schmelzer Hancock *in the matter of the* registration of birth *of* Harold Schmelzer Hancock, *now a resident of* Phoenix (City or Village) Maricopa County (County) Arizona (State), *do hereby certify that in pursuance of said commission, I caused the said* Harold Schmelzer Hancock *to come personally before me at* my office, 317 Title & Trust Bldg. Phoenix, Arizona, *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* Harold Schmelzer Hancock, *testified as follows:*

610

RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

Harold Schmelzer Hancock, *the undersigned, being first duly sworn according to law to tell the truth, the whole truth and nothing but the truth,* does *hereby* swear *that* he, the applicant *was born in* Union *County, Ohio; that* he is *now a resident of* Phoenix (City or Village) Maricopa County (County) Arizona (State); *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) Richwood (City) (Village) (Township)

(c) Name of hospital or institution: 1½ miles west of Richwood, 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 24 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 Hancock (Surname) Harold (First) Schmelzer (Middle)

4. Date of birth July 1, 1912 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet no If so—born 1st, 2d, or 3rd.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hancock (Surname) Willis (First) Scott (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 farmer

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Schmelzer, Gertrude (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Richwood (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? 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. P. Hall

Address Richwood, Ohio

.....

M.D., midwife, or other.....

Answers must be given as of date of delivery of applicant

Applicant *further* swears *that the registration of* his *birth is not recorded; that to the best of applicant's knowledge the said attending physician is now deceased.*

Harold Schmelzer Hancock

.....

CERTIFICATE

I hereby certify that the foregoing was reduced to writing by me, in the presence of Harold Schmelzer Hancock *the* applicant *herein, and was subscribed by* him *in my presence, on this* 10th *day of* August, 19 42.

In Testimony Whereof, I have hereunto set my hand, at Phoenix, Maricopa County, Arizona, ~~Ohio~~, *this* 10th *day of* August, 19 42.

(SEAL)

Wallace W. Clark
Commissioner

Commissioner's Fee - - - - $ 5.00

Witness..... Fees - - - - $.....

Total $.....

RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

3-42—.5 Heer Ptg. Co., Cols., O. Form 1024-A (B. F. Rev.)

COMMISSION TO TAKE DEPOSITION
(CORRECTION OR REGISTRATION OF BIRTH)

Probate Court, Union County, Ohio

In the Matter of The Registration of Birth
of Walter Harry

Case No. A-391
COMMISSION

To Oscar Leiser, *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*s *of* Elmer Fisher and Allie Fisher witnesses *who resides at* RT. # 2, Middletown, Ohio *and who* are *unable to appear in said Court, in the matter of the* registration of birth *of* Walter Harry, *now a resident of* RFD., West Mansfield, Union County, Ohio (City or Village) (County) (State); *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* Elmer Fisher and Allie Fisher *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* Walter Harry, *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* 10th *day of* October, *19* 42

(SEAL)

John W. Dailey
Judge and ex-officio Clerk of the Probate Court

DEPOSITION OF ELMER FISHER AND ALLIE FISHER

In the Matter of the Registration of the birthof Walter Harry

Case No. A-391
DEPOSITION

I, Oscar Leiser, *duly appointed and commissioned by the Judge of the Probate Court of the County of* Union *in the State of Ohio, to take deposition*s *of* Elmer Fisher and Allie Fisher *in the matter of the* registration of birth *of* Walter Harry, *now a resident of* R. F. D., West Mansfield, Union County, Ohio (City or Village) (County) (State), *do hereby certify that in pursuance of said commission, I caused the said* Elmer Fisher and Allie Fisher *to come personally before me at* Hamilton, Butler County, Ohio, *who, being duly sworn according to law to speak the truth, the whole truth and nothing but the truth, concerning the* registration of the birth *of* Walter Harry, *testified as follows:*

RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

Elmer Fisher and Allie Fisher, *the undersigned, being first duly sworn according to law to tell the truth, the whole truth and nothing but the truth,* do *hereby* swear *that* Walter Harry *was born in* Warren *County, Ohio; that* he is *now a resident of* West Mansfield (RFD) (City or Village) Union County (County) Ohio (State); *and that the following are the available facts with relation to* his *birth, as of date of delivery:*

1. PLACE OF BIRTH:

(a) County Warren

(b) Blue Ball (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 20 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Warren

(c) Blue Ball (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Harry (Surname) Walter (First) ..... (Middle)

4. Date of birth Sept. 21, 1881 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet no If so—born 1st, 2d, or 3rd .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Harry (Surname) Henry (First) ..... (Middle)

10. Color or race white 11. Age at time of this birth 45 yrs.

12. Birthplace Darke 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 Harkrader, Sarah (Surname) (First) ..... (Middle)

16. Color or race white 17. Age at time of this birth 45 yrs.

18. Birthplace Warren 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. Eiler

Address Blue Ball, Ohio

M.D., midwife, or other .....

Answers must be given as of date of delivery of applicant

we do *further* swear *that the registration of* his *birth is not recorded.*

Elmer Fisher

Allie Fisher

CERTIFICATE

I hereby certify that the foregoing was reduced to writing by me, in the presence of Elmer Fisher & Allie Fisher *the* witnesses *herein, and was subscribed by* them *in my presence, on this* 14th *day of* October, *19* 42.

In Testimony Whereof, I have hereunto set my hand, at Hamilton, *Ohio, this* 14th *day of* October, *19* 42

(SEAL)

Oscar Leiser
Commissioner

Commissioner's Fee - - - - $ .....

Witness..... Fees - - - - $ .....

Total $ .....

RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

3-42—.5 Heer Ptg. Co., Cols., O. Form 1024-A (B. F. Rev.)

COMMISSION TO TAKE DEPOSITION
(CORRECTION OR REGISTRATION OF BIRTH)

Probate Court, Union County, Ohio

In the Matter of
Registration of birth
of William Lowell Boyd

Case No. A-437
COMMISSION

To Melvin A. Kelly, *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 Lowell Boyd *who resides at* ..... *and who is unable to appear in said Court, in the matter of the* registration *of* his birth, *now a resident of* ..... (City or Village) (County) (State); *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 Lowell Boyd *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* 23rd *day of* September, *19* 42

(SEAL)

John W. Bailey
Judge and ex-officio Clerk of the Probate Court

DEPOSITION OF .....

In the Matter of
the registration of birth
of William Lowell Boyd

Case No. A-437
DEPOSITION

I, Melvin A. Kelly, *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 Lowell Kelly now Applicant of Foreign Service U.S.Army *in the matter of the* registration *of* birth of William Llwell Boyd, *now a resident of* foreign service U.S.Army (City or Village) (County) (State), *do hereby certify that in pursuance of said commission, I caused the said* William Lowell Boyd *to come personally before me at* Brisbane, Australia, *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* William Lowell Boyd, *testified as follows:*

614

RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

William Lowell Boyd, *the undersigned, being first duly sworn according to law to tell the truth, the whole truth and nothing but the truth,* does *hereby* swear *that* he *was born in* Union *County, Ohio; that* he *now a resident of* Foreign Service U.S.Army (City or Village) (County) (State); *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) Summerville 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 20 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Summerville York (City) (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 3rd.....

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 Farming

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 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

he *further* swears *that the registration of* his *birth* is not recorded

William Lowell Boyd

CERTIFICATE

I hereby certify that the foregoing was reduced to writing by me, in the presence of William Lowell Boyd *the* applicant *herein, and was subscribed by* him *in my presence, on this* 18 *day of* November 1942, *19*.....

In Testimony Whereof, I have hereunto set my hand, at 11 Replacement Control Depot Camp Muckley. APO 923 care of Postmaster, Sanfrancisco Cal., ~~Ohio~~ *this* 18 *day of* November, *19* 42.

(SEAL)

Melvin A. Kelly, Major Air Corps
Commissioner
Summary Court.

Commissioner's Fee - - - - $.....

Witness..... Fees - - - - $.....

Total $.....

RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

3-42—.5 Heer Ptg. Co., Cols., O. Form 1024-A (B. F. Rev.)

COMMISSION TO TAKE DEPOSITION
(CORRECTION OR REGISTRATION OF BIRTH)

Probate Court, Union County, Ohio

In the Matter of Registration of Birth
of Thelma Mae Stanford

Case No. A-375
COMMISSION

To E. E. Wolford, *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* Thelma Mae Stanford applicant *who resides at* 210 South Maxson Road, El Monte, California *and who is unable to appear in said Court, in the matter of the* registration of birth *of* Thelma Mae Stanford, *now a resident of* El Monte (City or Village) California (State) (County); *who has filed an application for the* registration of her 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* Thelma Mae Stanford and Martin Van Burn Stanford and Minnie Alice Melching, witnesses *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* Thelma Mae Stanford, *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* 30th *day of* September, *19* 42.

(SEAL)

John W. Dailey
Judge and ex-officio Clerk of the Probate Court

DEPOSITION OF Thelma Mae Stanford and Martin Van Burn Stanford and Minnie Alice Melching

In the Matter of Registration of Birth
of Thelma Mae Stanford

Case No. A-375
DEPOSITION

I, E. E. Wolford, *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* Thelma Mae Stanford Martin Van Burn Stanford and Minnie Alice Melching, applicant and witnesses *in the matter of the* registration of birth *of* Thelma Mae Stanford, *now a resident of* El Monte (City or Village) Los Angeles (County) California (State), *do hereby certify that in pursuance of said commission, I caused the said* Thelma Mae Stanford, Martin Van Burn Stanford and Minnie Alice Melching *to come personally before me at* El Monte, 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* Thelma Mae Stanford, *testified as follows:*

RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

Thelma Mae Stanford, Martin Van Burn Stanford and Minnie Alice Melching, *the undersigned, being first duly sworn according to law to tell the truth, the whole truth and nothing but the truth,* do *hereby* swear *that* Thelma Mae Stanford *was born in* Union *County, Ohio; that* she is *now a resident of* El Monte (City or Village) Los Angeles (County) California (State); *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) Peoria (City) Liberty (Township) (Village)

(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) Peoria (City) Liberty (Township) (Village)

(d) Street No. R. F. D. # 1

3. Full name of child: Stanford (Surname) Thelma (First) Mae (Middle)

4. Date of birth Jan. 15, 1921 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet ..... If so—born 1st, 2d, or 3rd .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Stanford (Surname) Martin (First) Van Burn (Middle)

10. Color or race white 11. Age at time of this birth 27 yrs.

12. Birthplace Plain City (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Carpenter

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Austin (Surname) Opal (First) Mae (Middle)

16. Color or race white 17. Age at time of this birth 31 yrs.

18. Birthplace Claiborne (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. Chas. Thompson

Address Raymond, Ohio

M.D., midwife, or other .....

Answers must be given as of date of delivery of applicant

they *further* swear *that the registration of* her *birth* is not recorded. That affiant Martin Van Burn Stanford is the father of Thelma Mae Stanford and was present at the time of birth and affiant Minnie Alice Melching is the sister of Martin Van Burn Stanford and the aunt of Thelma Mae Stanford and resided close to the home in which she was born and saw the said Thelma Mae Stanford the day of her birth.

Thelma Mae Stanford
Martin Van Burn Stanford
Minnie Alice Melching

CERTIFICATE

I hereby certify that the foregoing was reduced to writing by me, in the presence of Thelma Mae Stanford, Martin Van Burn Stanford & Minnie Alice Melching *the* applicant & witnesses *and was subscribed by* them *in my presence, on this* 24th *day of* December, 19 42.

In Testimony Whereof, I have hereunto set my hand, at El Monte, California ~~Ohio~~, *this* 24th *day of* December, 19 42

(SEAL)

Eldred E. Wolford
Commissioner

Commissioner's Fee - - - - $ 5.00

Witness..... Fees - - - - $ .....

Total $ 5.00

RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

3-42—.5 Heer Ptg. Co., Cols., O. Form 1024-A (B. F. Rev.)

COMMISSION TO TAKE DEPOSITION
(CORRECTION OR REGISTRATION OF BIRTH)

In the Matter of the registration of birth
of Howard Manley Sager

Probate Court, Union County, Ohio
Case No. A-447
COMMISSION

To C. N. Leach, *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* Howard Manley Sager and Annie Edgar, applicant and witness *who resides at* Chicago, Illinois *and who is unable to appear in said Court, in the matter of the* registration of birth *of* Howard Manley Sager, *now a resident of* Chicago (City or Village) Illinois (State); *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* Howard Manley Sager and Annie Edgar *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* Howard Manley Sager, *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, *19*42.

(SEAL)

John W. Dailey
Judge and ex-officio Clerk of the Probate Court

DEPOSITION OF Howard Manley Sager and Annie Edgar

In the Matter of the registration of birth
of Howard Manley Sager

Case No. A-447
DEPOSITION

I, C. N. Leach, *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* Howard Manley Sager and Annie Edgar, applicant and witness *in the matter of the* registration of birth *of* Howard Manley Sager, *now a resident of* Chicago (City or Village) Cook (County) Illinois (State), *do hereby certify that in pursuance of said commission, I caused the said* Howard Manley Sager and Annie Edgar *to come personally before me at* my office, 856 East 63rd St., Chicago, Illinois, *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* Howard Manley Sager, *testified as follows:*

RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

Howard Manley Sager and Annie Edgar severally, *the undersigned, being first duly sworn according to law to tell the truth, the whole truth and nothing but the truth, hereby* swear *that* Howard Manley Sager *was born in* Union *County, Ohio; that* he is *now a resident of* Chicago (City or Village) Cook (County) Illinois (State); *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 (nearest town) (City) (Village) (Township)

(c) Name of hospital or institution:
on farm adjacent to Marysville
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution..... In this community several years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) adjacent to Marysville--on farm (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Sager (Surname) Howard (First) Manley (Middle)

4. Date of birth Oct. 2, 1879 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet no If so—born 1st, 2d, or 3rd.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Sager (Surname) Charles (First) Abraham (Middle)

10. Color or race white 11. Age at time of this birth 21 yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation physician and farmer (became physician 2 yrs. after birth of applicant)

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Gantt (Surname) Mary (First) Jane (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Centerburg (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. Graham (or Graeme)

Address Marysville, Ohio

.....

M.D., midwife, or other.....

Answers must be given as of date of delivery of applicant

we *further* severally, swear *that the registration of* his *birth is not recorded.*

The father of applicant was a farmer at time of applicant's birth; he studied medicine and about two years after said birth, became a physician; that he therupon commenced the practice of medicine and also operated his farm.

Howard Manley Sager

Annie Edgar

CERTIFICATE

I hereby certify that the foregoing was reduced to writing by me, in the presence of Howard Manley Sager and Annie Edgar *the* applicant and witness *herein, and was subscribed by* them *in my presence, on this* 26th *day of* December, 1942.

In Testimony Whereof, I have hereunto set my hand, at Chicago, Illinois, ~~Ohio~~, *this* 26th *day of* December, 1942.

(SEAL)

C. N. Leach
Commissioner

Commissioner's Fee - - - - $ 7.50

Witness..... Fees - - - - $ .....

Total $ 7.50

RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

3-42—.5 Heer Ptg. Co., Cols., O. Form 1024-A (B. F. Rev.)

619

COMMISSION TO TAKE DEPOSITION
(CORRECTION OR REGISTRATION OF BIRTH)

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Ethel W. Winter

Case No. A- 446
COMMISSION

To Walter A. Shelley, *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* Ethel W. Winter *who resides at* 116 Palm Place, Daytona Beach, Florida *and who is unable to appear in said Court, in the matter of the* registration of birth *of* herself, *now a resident of* Daytona Beach (City or Village) Florida (State); *who has filed an application for the* registration of 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* Ethel W. Winter *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* Ethel W. Winter, *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* 19 *day of* December, *19* 42.

(SEAL)

John W. Dailey
Judge and ex-officio Clerk of the Probate Court

DEPOSITION OF ETHEL WINTER

In the Matter of The registration of birth
of Ethel Winter

Case No. A-446
DEPOSITION

I, Walter A. Shelley, *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* Ethel Winter Applicant *in the matter of the* registration of birth *of* Ethel Winter, *now a resident of* the City of Daytona Beach, (City or Village) Volusia County (County) Florida (State), *do hereby certify that in pursuance of said commission, I caused the said* Ethel Winter *to come personally before me at* my offices, No. 116 South Beach Street, Daytona Beach, Florida, *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* Ethel Winter, *testified as follows:*

620

6 20

RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

I, Ethel Winter, *the undersigned, being first duly sworn according to law to tell the truth, the whole truth and nothing but the truth,* do *hereby* swear *that* I *was born in* Union *County, Ohio; that* I am *now a resident of* Daytona Beach (City or Village) Volusia (County) Florida (State); *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) Claibourne Township (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 2 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. Unknown

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 3rd .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Winter, (Surname) Winfield (First) Scott (Middle)

10. Color or race white 11. Age at time of this birth 42 yrs.

12. Birthplace unknown (City, town, or county) Maryland (State or foreign country)

13. Usual occupation real estate operator

14. Industry or business real estate

MOTHER OF CHILD

15. Full maiden name Fawn, (Surname) Alice (First) Doweston (Middle)

16. Color or race white 17. Age at time of this birth 37 yrs.

18. Birthplace unknown (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. Oatley, M.D.

Address Richwood, Ohio

(now deceased)

M.D., midwife, or other .....

Answers must be given as of date of delivery of applicant

I *further* swear *that the registration of* my *birth* is not recorded.

With reference to the middle initial "W" appearing in my name, I adopted this initial at the suggestion of the Veteran's Administration for the purpose of identification. It is not part of my name and has no significance. I desire the registration of my birth to be in the name of Ethel Winter as set forth above.

Ethel Winter

CERTIFICATE

I hereby certify that the foregoing was reduced to writing by me, in the presence of Ethel Winter *the* applicant *herein, and was subscribed by* her *in my presence, on this* 5th *day of* January, *19* 43.

In Testimony Whereof, I have hereunto set my hand, at Daytona Beach, Volusia County, Florida, *this* 5th *day of* January, *19* 43.

(SEAL)

Walter A. Shelley
Commissioner

Commissioner's Fee - - - - $ 5.00

Witness..... Fees - - - - $ .....

Total $ .....

RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

3-42—.5 Heer Ptg. Co., Cols., O. Form 1024-A (B. F. Rev.)

COMMISSION TO TAKE DEPOSITION
(CORRECTION OR REGISTRATION OF BIRTH)

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Edward Murray Clark

Case No. A-476
COMMISSION

To J. D. Holland, *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* Edward Murray Clark, applicant, *who resides at* 604 South Crawford, Norman, Oklahoma *and who is unable to appear in said Court, in the matter of the* registration of birth *of* Edward Murray Clark, *now a resident of* Norman (City or Village) Cleveland (County) Oklahoma (State); *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* Edward Murray Clark *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* Edward Murray Clark, *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* 11th *day of* March, *19* 43

(SEAL)

John W. Dailey
Judge and ex-officio Clerk of the Probate Court

DEPOSITION OF EDWARD MURRAY CLARK

In the Matter of the Registration of Birth
of Edward Murray Clark

Case No. A-476
DEPOSITION

I, J. D. Holland, *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* Edward Murray Clark, applicant *in the matter of the* registration of birth *of* Edward Murray Clark, *now a resident of* Norman (City or Village) Cleveland (County) Oklahoma (State), *do hereby certify that in pursuance of said commission, I caused the said* Edward Murray Clark Oklahoma *to come personally before me at* Norman, in Cleveland County, *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* Edward Murray Clark, *testified as follows:*

RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

Edward Murray Clark, *the undersigned, being first duly sworn according to law to tell the truth, the whole truth and nothing but the truth, does hereby swear that he was born in Union County, Ohio; that he now a resident of Norman (City or Village) Cleveland (County) Oklahoma (State); 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) Richwood (City) (Village) (Township)

(c) Name of hospital or institution: at home-had 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) Richwood (City) (Village) (Township)

(d) Street No. had no St. number

3. Full name of child: Edward (Surname) Murray (First) Clark (Middle)

4. Date of birth Jan. 26, 1900 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet .....

If so—born 1st, 2d, or 3rd .....

7. Number months of pregnancy .....

8. Mother married? yes

FATHER OF CHILD

9. Full name: Clark (Surname) Henry (First) Valentine (Middle)

10. Color or race white 11. Age at time of this birth 40 yrs.

12. Birthplace: Hillsdale Co. (City, town, or county) Michigan (State or foreign country)

13. Usual occupation: Methodist Protestant minister

14. Industry or business: preaching

MOTHER OF CHILD

15. Full maiden name: Young, (Surname) Francine (First) S. (Middle)

16. Color or race white 17. Age at time of this birth 28 yrs.

18. Birthplace: Lewisburg (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

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

he *further* swears *that the registration of* his *birth* is not recorded.

Edward Murray Clark

CERTIFICATE

I hereby certify that the foregoing was reduced to writing by me, in the presence of Edward Murray Clark *the* applicant *herein, and was subscribed by* him *in my presence, on this* 16 *day of* March, 19 43.

In Testimony Whereof, I have hereunto set my hand, at Norman, Oklahoma, ~~Okla~~, *this* 16 *day of* March, 19 43

(SEAL)

J. D. Holland
Commissioner

Commissioner's Fee - - - - $ 5.00

Witness..... Fees - - - - $ none

Total $ 5.00

RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

3-42—.5 Heer Ptg. Co., Cols., O. Form 1024-A (B. F. Rev.)

COMMISSION TO TAKE DEPOSITION
(CORRECTION OR REGISTRATION OF BIRTH)

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Edward Murray Clark

Case No. A-476
COMMISSION

To Morris H. Cundiff, *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* s *of* Henry Valentine Clark and Francine S. Young Clark, witnesses *who resides at* Clearwater, Kansas *and who* are *unable to appear in said Court, in the matter of the* registration of birth *of* Edward Murray Clark, *now a resident of* Norman (City or Village) Oklahoma (County) (State); *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* Henry Valentine Clark and Francine S. Clark *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* Edward Murray Clark, *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* 11th *day of* March, *19* 43.

(SEAL)

John W. Dailey
Judge and ex-officio Clerk of the Probate Court

DEPOSITION OF HENRY VALENTINE CLARK AND FRANCINE S. YOUNG CLARK

In the Matter of the Registration of Birth
of Edward Murray Clark

Case No. A-476
DEPOSITION

I, Morris H. Cundiff, *duly appointed and commissioned by the Judge of the Probate Court of the County of* Union *in the State of Ohio, to take deposition* s *of* Henry Valentine Clark and Francine S.Young Clark, witnesses *in the matter of the* registration of birth *of* Edward Murray Clark, *now a resident of* Norman (City or Village) Cleveland (County) Oklahoma (State), *do hereby certify that in pursuance of said commission, I caused the said* Henry Valentine Clark and Francine S. Young Clark *to come personally before me at* Wichita in Sedgwick County, Kansas *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* Edward Murray Clark, *testified as follows:*

RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

Henry Valentine Clark and Francine S. Young Clark, *the undersigned, being first duly sworn according to law to tell the truth, the whole truth and nothing but the truth,* do *hereby* swear *that* Edward Murray Clark *was born in* Union *County, Ohio; that* he is *now a resident of* Norman (City or Village) Cleveland (County) Oklahoma (State); *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) Richwood (City) (Village) (Township)

(c) Name of hospital or institution: in the home-no street number (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) Richwood (City) (Village) (Township)

(d) Street No. no street number

3. Full name of child: Clark (Surname) Edward (First) Murray (Middle)

4. Date of birth Jan. 26, 1900 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet no; If so—born 1st, 2d, or 3rd 1st

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Clark (Surname) Henry (First) Valentine (Middle)

10. Color or race white 11. Age at time of this birth 40 yrs.

12. Birthplace Hillsdale Cty. (City, town, or county) Michigan (State or foreign country)

13. Usual occupation Clergyman

14. Industry or business Minister

MOTHER OF CHILD

15. Full maiden name Young (Surname) Francine (First) Sophia (Middle)

16. Color or race white 17. Age at time of this birth 28 yrs.

18. Birthplace Champaign Cty. (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. William Benton Duke

Address Richwood, Ohio

Dr. Clyde Duke, Richwood, Ohio

M.D., midwife, or other

Answers must be given as of date of delivery of applicant

do *further* swear *that the registration of* his *birth is not recorded*

Henry Valentine Clark

Francine S. Young Clark

CERTIFICATE

I hereby certify that the foregoing was reduced to writing by me, in the presence of Henry Valentine Clark and Francine S. Young/Clark *the* witnesses *herein, and was subscribed by* them *in my presence, on this* 25th *day of* March, 19 43.

In Testimony Whereof, I have hereunto set my hand, at Wichita, Kansas, ~~Ohio~~, *this* 25th *day of* March, 19 43

(SEAL)

Morris H. Cundiff
Commissioner

Commissioner's Fee - - - - $

Witness..... Fees - - - - $

Total $

RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

3-42—.5 Heer Ptg. Co., Cols., O. Form 1024-A (B. F. Rev.)

COMMISSION TO TAKE DEPOSITION
(CORRECTION OR REGISTRATION OF BIRTH)

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Virden Clay Kimball

Case No. A-500
COMMISSION

To Morton Adams, *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* Virden Clay Kimball applicant *who resides at* 2755 S. W. 2nd St., Miami, Florida *and who is unable to appear in said Court, in the matter of the* registration of birth *of* Virden Clay Kimball, *now a resident of* Miami (City or Village) Florida (State); *who has filed an application for the* registration of his 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* Virden Clay Kimball *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* Virden Clay Kimball, *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* 12th *day of* April, *19* 43.

(SEAL)

John W. Dailey
Judge and ex-officio Clerk of the Probate Court

DEPOSITION OF VIRDEN CLAY KIMBALL

In the Matter of The Registration of Birth
of Virden Clay Kimball

Case No. A-500
DEPOSITION

I, Morton Adams, *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* Virden Clay Kimball applicant *in the matter of the* registration of birth *of* Virden Clay Kimball, *now a resident of* Miami (City or Village) Dade (County) Florida (State), *do hereby certify that in pursuance of said commission, I caused the said* Virden Clay Kimball *to come personally before me at* 516 Ingraham Building, Miami Florida, *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* Virden Clay Kimball, *testified as follows:*

626

RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

Virden Clay Kimball, *the undersigned, being first duly sworn according to law to tell the truth, the whole truth and nothing but the truth,* does *hereby* swear *that* Virden Clay Kimball *was born in* Union *County, Ohio; that* he *now a resident of* Miami (City or Village) Dade (County) Florida (State); *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): Milford Center (City) (Village) (Township)

(c) Name of hospital or institution: at home, no street address available (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): Milford Center (City) (Village) (Township)

(d) Street No.: no street number

3. Full name of child: Kimball (Surname) Virden (First) Clay (Middle)

4. Date of birth: Oct. 14, 1893 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: no If so—born 1st, 2d, or 3rd.....

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Kimball (Surname) Lewis (First) Harvey (Middle)

10. Color or race: white 11. Age at time of this birth: 26 yrs.

12. Birthplace: ..... (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: baker

14. Industry or business: bakery

MOTHER OF CHILD

15. Full maiden name: Adams, Mary Lillie (Surname) (First) (Middle)

16. Color or race: white 17. Age at time of this birth: 25 yrs.

18. Birthplace: ..... (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? 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. Willis (now deceased)

Address: Milford Center, Ohio

M.D., midwife, or other: M.D.

Answers must be given as of date of delivery of applicant

I *further* swear *that the registration of* my *birth* is not recorded.

Virden Clay Kimball

CERTIFICATE

I hereby certify that the foregoing was reduced to writing by me, in the presence of Virden Clay Kimball *the* applicant *herein, and was subscribed by* him *in my presence, on this* 16th *day of* April, 19 43

In Testimony Whereof, I have hereunto set my hand, at Miami, Dade County, Florida, *this* 16th *day of* April, 19 43.

(SEAL)

Morton B. Adams
Commissioner

Commissioner's Fee - - - - $ 5.00

Witness..... Fees - - - - $.....

Total $ 5.00

RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

3-42—.5 Heer Ptg. Co., Cols., O. Form 1024-A (B. F. Rev.)

COMMISSION TO TAKE DEPOSITION
(CORRECTION OR REGISTRATION OF BIRTH)

Probate Court, Union County, Ohio

In the Matter of Registration of Birth
of Charlotte Elizabeth Shanks

Case No. A-748
COMMISSION

To Clifton L. Caryl, *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 depositions of* Edna Violet and Alice Shanks Witnesses *who resides at* Milford Center, Ohio *and who is unable to appear in said Court, in the matter of the* Registration of birth of Charlotte Elizabeth Shanks ~~of~~, *now a resident of* St. Petersburg, Florida (City or Village) (County) (State); *who has filed an application for the* registration of her birth *in* Union *County, Ohio; and therefore I command you that, at certain times and places appointed by you, you cause the said* Edna Violet and Alice Shanks *to be brought before you, and then and there examine* them, *on oath or affirmation first taken before you, touching the* registration of the birth *of the said* Charlotte Elizabeth Shanks, *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* 11th *day of* July, *19*52.

(SEAL)

John W. Dailey
Judge and ex-officio Clerk of the Probate Court

DEPOSITION OF Edna Violet and Alice Shanks

In the Matter of Registration of Birth
of Charlotte Elizabeth Shanks

Case No. A-748
DEPOSITION

I, Clifton L. Caryl, *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* Edna Violet and Alice Shanks, witnesses *in the matter of the* Registration of Birth *of* Charlotte Elizabeth Shanks, *now a resident of* St. Petersburg (City or Village) Florida (County) (State), *do hereby certify that in pursuance of said commission, I caused the said* Edna Violet and Alice Shanks *to come personally before me at* Milford Center, 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* Charlotte Elizabeth Shanks, *testified as follows:*

628

RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

Edna Violet and Alice Shanks, *the undersigned, being first duly sworn according to law to tell the truth, the whole truth and nothing but the truth, hereby* swear *that* Charlotte Elizabeth Shanks *was born in* Union *County, Ohio; that* she is *now a resident of* St. Petersburg, (City or Village) Florida (County) (State); *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) Irwin, (City) Union Township (Village) (Township)

(c) Name of hospital or institution: Irwin, Union Township, 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 5 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Irwin, (City) Union Township, (Village) Ohio (Township)

(d) Street No. .....

3. Full name of child Shanks, (Surname) Charlotte (First) Elizabeth (Middle)

4. Date of birth July 14, 1891 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet Single If so—born 1st, 2d, or 3rd .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Shanks, (Surname) Oscar (First) Ely (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Rosedale, (City, town, or county) Madison Co., (State or foreign country) Ohio

13. Usual occupation Laborer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Hodge, (Surname) Alice (First) May (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 Unknown

Address .....

.....

M.D., midwife, or other .....

Answers must be given as of date of delivery of applicant

.....*further* swear *that the registration of* her *birth*

is not recorded

Edna Violet

Alice M. Shanks

CERTIFICATE

I hereby certify that the foregoing was reduced to writing by me, in the presence of Edna Violet and Alice Shanks *the* witnesses *herein, and was subscribed by* them *in my presence, on this* 11th *day of* July, 19 52.

In Testimony Whereof, I have hereunto set my hand, at Marysville, *Ohio, this* 11th *day of* July, 19 52.

(SEAL)

Clifton L. Caryl
Commissioner

Commissioner's Fee - - - - $.....

Witness..... Fees - - - - $.....

Total $.....

A-468 CERTIFIED COPY OF JOURNAL ENTRY--ORDER ON HEARING (Filed Feb. 18, 1943)
In the Matter of the Registration of Birth of Floyd James Dunfee. Probate Court, Sandusky County, Ohio. Feb. 15, 1943. Case No. 78

This day the application of Floyd James Dunfee to correct the record of his birth came on for hearing. The applicant and credible witnesses having been examined in open Court and the said applicant having submitted the affidavits of Nellie Dunfee and Alice Topel and the following documentary evidence, viz: birth record incorrectly recorded 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) Unionville Center. (c) Name of Hospital or institution _____ (d) Mother's say before delivery ____
2. USUAL RESIDENCE OF MOTHER (a) State-Ohio. (b) County-Sandusky (c) Fremont (d) Street No. 917 Christy Blvd.
3. FULL NAME OF CHILD: DUNFEE, FLOYD JAMES. 4. DATE OF BIRTH: Sept. 3, 1903
5. Sex: Male. 6. Twin or triplet __ 7. Number months of pregnancy 9. 8. Mother married? yes.
FATHER OF CHILD 9. Full name- Dunfee, W. S. 10. Color or race W. 11. Age at time of this birth 41 yrs. 12. Birthplace Unionville Center, Ohio. 13. Usual occupation ____. 14. Industry or business _____.
MOTHER OF CHILD 15. Full maiden name-Dunfee, Nellie Estella. 16. Color or race W.
17. Age at time of this birth 31 yrs. 18. Birthplace Unionville Center, Ohio. 19. Usual occupation Housewife. 20. Industry of 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? one. (c) How many children were born dead? None.
22. Attending Physician or Midwife: Mrs. Ella Loar

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, 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 Floyd James Dunfee, 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 namd and the seal of said Court this 16th day of February, 1943.
Robert J. Gabel Judge of said Court by Elizabeth Keating Deputy Clerk (Seal)

A-475 (Filed March 3, 1943)
In the Probate Court of Marion County, Ohio. FINDING AND ORDER
In the Matter of the Correction of the Birth Record of Edward Earl Schertzer. Case No. 1847

This day this cause came on to be heard on the application of Edward Earl Schertzer, for an order of the court correcting the birth record of the applicant asit is registered in the office of Union County Probate Court, Birth Record Vol. 3, page 177, No. 328; 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: Original Birth record. Affidavit of applicant's Mother, Elnora Schertzer, and applicant's Marriage record in this Court. The court finds that the correct record of the birth of the applicant is as follows:

1. PLACE OF BIRTH: (a) County Union. (b) Washington Township. (c) Name of hospital or institution: Home. (d) Mother's stay before delivery: In this community 3 yrs.
2. USUAL RESIDENCE OF MOTHER(At time of Delivery) (a) State Ohio. (b) County Union (c) Washington Townsnip.
3. FULL NAME OF CHILD: Schertzer, Edward Earl. 4. DATE OF BIRTH: July 18, 1887.
5. Sex: Male. 6. Twin or triplet -- . 7. Number months of pregnancy 9. 8. Mother married? yes.
FATHER OF CHILD: 9. Full name: Schertzer, William. 10. Color or race W. 11. Age at time of this birth 22 yrs. 12. Birthplace Union County, Ohio. 13. Usual occupation Farmer.
MOTHER OF CHILD: 15. Full maiden name Leadman, Elnora. 16. Color or race W. 17. Age at time of this birth 19 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.

Applicant's name recorded as Elmer E. Shirtszer, Father's Surname mis-spelled, Mother's maiden name was recorded as Spring, and first name 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

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 24th day of February, 1943. Oscar Gast Judge and ex-officio Clerk By: Fanny Benson Deputy Clerk (Seal)

A-528 Filed July 19, 1943
In the Probate Court of Franklin County, Ohio. Finding and Order. Case No. 106721
In the Matter of the Correction of Birth Record of George Elmo Sidle

This cause came on to be heard on the application of George Elmo Sidle, for an order of the court correcting the birth record of the applicant as it is registered in the office of Probate Court, Union Co., Ohio, Birth Record Vol. __Page__, No. 347; 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 two persons, namely, an older sister, Lura C. Burgner and a cousin, Sarah E. Jolliff, both having personal knowledge of the facts stated in said 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) Claibourne Twp. (c) Name of hospital or institution: Home. (d) Mother's stay before delivery: In Hospital or institution___ In this community ____. 2. Usual Residence of Mother: (at time of delivery) (a) State-Ohio. (b) County-Union. (c) Claibourne Twp. (d) Street No.____ 3. Full name of child: Sidle, George Elmo. 4. Date of birth: February 22, 1887. 5. Sex: Male 6. Twin or triplet____. 7. Number months of pregnancy 9. 8. Mother married? yes. Father of Child: 9. Full name-Sidle, Cornelius Dolby. 10. Color or race W. 11. Age at time of this birth 39 yrs. 12. Birthplace-Union Co. Ohio. 13. Usual occupation-Farmer. 14. Industry or business_____. Mother of Child: 15. Full maiden name-Wood, Emeret Finettie. 16. Color or race W. 17. Age at time of this birth 37 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? 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. M. Y. King. Address-S. Franklin St.,Richwood,O. 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
Filed July 17, 1943

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 17th day of July, 1943. C. P. McClelland, Judge and ex-Officio Clerk By Helen Counseller Deputy Clerk (Seal)

No. A-545 Filed Oct. 5, 1943
In the Probate Court of Marion County, Ohio. Finding and Order. Case No. 2159
In the Matter of the Correction of the Birth Record of Chester Allen Thomas.

This day this cause came on to be heard on the application of Chester Allen Thomas 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 71, No. 414; 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: Applicant's certified copy of birth record, and Insurance Policy No. 89859, issued by Ohio National Life Insurance Company of Cincinnati, October 11, 1929. The court finds that the correct record of the birth of the applicant is as follows: 1. Place of Birth: (a) County-Union. (b) Washington Township. (c)Name of hospital or institution: Home. (d) Mother's stay before delivery: In this community all of her life. 2. Usual Residence of Mother: (At time of Delivery) (a) State-Ohio. (b) County-Union. (c) Washington Township. 3. Full Name of Child: Thomas, Chester Allen. 4. Date of Birth: July 8, 1883. 5. Sex-Male 6. Twin or triplet---. 7. Number months of pregnancy---. 8. Mother married? Yes. Father of Child: 9. Full name: Thomas, William C. 10. Color or race W. 11. Age at time of this birth 29 yrs. 12. Birthplace: Green County, Ohio. 13. Usual occupation School Teacher. 14. Industry or business ----. Mother of Child: 15. Full maiden name: Harriman, Clara E. 16. Color or Race W. 17. Age at time of this birth 21 yrs. 18. Birthplace: Union County, Ohio. 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?---. (c) How many children were born dead? ---
22. Attending Phyisician or Midwife: Name-George Miller. Address-Byhalia, Ohio. M.D., midwife, or other M. D.
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 21st day of September , 1943. Oscar Gast Judge and Ex-Officio Clerk By Fanny Benson Deputy Clerk (Seal)

No. A-546 Filed: October 7, 1943
In the Probate Court of Franklin County, Ohio. Finding and Order. Case No. 107779
In the Matter of the Correction of the Birth Record of Carson Whitely Burnham
This cause came on to be heard on the application of Carson Whitely Burnham, for an order of the court correcting the birth record of the applicant as it is registered in the office of Probate Court, Union County, Ohio, Birth Record Vol. 2 Page 91 No. _____; 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 applicant's mother and a cousin, Ria D. Burnham, both of whom have personal knowledge of the facts stated in said 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 Twp. (c) Name of 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) Union Twp. (d) Street No. --. 3. Full Name of Child: Burnham, Carson Whitely 4. Date of Birth: April 5, 1886. 5. Sex: Male. 6. Twin or triplet ---. 7. Number months of pregnancy 9. 8. Mother married? yes. Father of Child: 9. Full name-Burnham, Marble Green. 10. Color or race W. 11. Age at time of this birth 24 yrs. 12. Birthplace-Champaign Co. Ohio. 13. Usual occupation Farmer. 14. Industry or business ---. Mother of Child: 15. Full maiden name: Reynolds, Mattie Chatfield. 16. Color or race W. 17. Age at time of this birth 23 yrs. 18. Birthplace: Columbus, Ohio. 19. Usual occupation - Housewife. 20. Industry or business ---. 21. Children born to this mother: none. 22. Attending Physician or Midwife: Name Dr. Green. Address: Woodstock, Ohio.
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. Filed October 6. 1943. 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 6th day of October, 1943. C.P.McClelland Judge and Ex-Officio Clerk By Helen Counsellier Deputy Clerk (Seal)

A-560 Filed March 3, 1944
In the Probate Court of Marion County, Ohio. Finding and Order. Case No. 2283
In the matter of the correction of the birth record of Raymond Charles Roush.
This day this cause came on to be heard on the application of Raymond Charles Roush, 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, BirthRecord Vol. 4, page 163, No.281; 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: Applicant's marriage record in this Court, and affidavit of Minnie Holmes Roush, mother 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) Plain City. (c) Name of hospital or institution: Home. (d) Mother's stay before delivery: In this community 2 yrs. 2. Usual Residence of Mother: (At time of Delivery) (a) State Ohio. (b) County Union. (c) Plain City. 3. Full Name of Child: Roush, Raymond Charles. 4. Date of Birth: June 6, 1907. 5. Sex: Male 6. Twin or triplet --- 7. Number months of pregnancy -- . 8. Mother married? Yes. Father of Child: 9. Full name- Roush, Frank G. 10. Color or race w. 11. Age at time of this birth 30 yrs. 12. Birthplace- Ohio. 13. Usual occupation Farmer. 14. Industry or business ---. Mother of Child: 15. Full maiden name- Holmes, Minnie. 16. Color or race W. 17. Age at time of this birth 30 yrs. 18. Birthplace- Ohio. 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. Name of Attending Physician or Midwife: Unknown.
Middle name of applicant omitted, and surname misspelled. Father's and mother's surname 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 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 1st day of March, 1944. Oscar Gast, Judge and Ex-Officio Clerk by Fanny Benson Deputy Clerk (Seal)

A-565 (Filed March 22, 1944)
In the Probate Court of Marion County, Ohio. Finding and Order Case No. 2293
In the Matter of the Correction of the Birth Record of Gladys Veda Pitts
This day this cause came on to be heard on the application of Gladys Veda Pitts Ouren, for an order of the court correcting the birth record of the applicant as it is registered in the office of Union County, Ohio, Probate Court, birth record Vol. 3, page 157 No. 248; 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: Applicant's original birth record, affidavits of Cora M. Daymude and Samuel A. Hollenbach. 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: all of her life.
2. Usual residence of Mother: (at time of delivery) (a) State - Ohio. (b) County - Union (c) Richwood. 3. Full name of Child: Pitts, Gladys Veda. 4. Date of birth: December 15, 1894. 5: Sex: Female. 6. Twin. 7. If so-born 1st, not known. 7. Number months of pregnancy -- 8. Mother married? Yes. Father of Child: 9. Full name: Pitts, James E. 10. Color or race W. 11. Age at time of this birth 36 yrs. 12. Birthplace: Near Springfield, Ohio. 13. Usual occupation: Contractor (Plaster). 14. Industry or business ----. Mother of Child: 15. Full maiden name: Moore, Achsa. 16. Color or race W. 17. Age at time of this birth 30 yrs. 18. Birthplace: Union County, Ohio. 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 alike but are now dead? --. (c) How many children were born dead? -- . 22. Attending Physician or Midwife: Unknown.
Applicant's first name is incorrect, recorded as Gladison, sex shown as male.
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 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 13th day of March, 1944. Oscar Gast Judge and Ex-Officio Clerk
(Seal) By Fanny Benson Deputy Clerk

A-574 (Filed Apr. 29, 1944)
Probate Court, Logan County, Ohio. April 28th, 1944. Case No. 1088. Order on Hearing
In the Matter of the Registration of Birth of Lydia E. Garvin,
This day the application of Lydia E. Garvin to correct the record of her birth came on for hearing. The applicant and Mrs. D. L. Kinnard, her sister, witnesses having been examined in open Court and having submitted the following documentary evidence, viz: Marriage Record in Vol. L, Page 370 and in Vol. 5. Page 439 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) Raymond--Liberty Twp., (c) Name of hospital or institution: at home. (d) mother's stay before delivery: In this community 3 yrs. 2. Usual Residence of Mother: (a) State-Ohio. (b) County-Union. (c) Raymond--Liberty Twp. 3. Full name of child: Garvin, Lydia E. 4. Date of birth: October 6th, 1889. 5. Sex: Female 6. Twin or triplet __ 7. Number months of pregnancy 9. 8. Mother married? Yes. Father of Child: 9. Full name: Garvin, Charles Henry. 10. Color or race: W. 11. Age at time of this birth ? yrs. 12. Birthplace: Hardin County, Ohio. 13. Usual Occupation: Farmer 14. Industry or business: Farming. Mother of Child: 15. Full maiden name: McCall, Harriett L. 16. Color or race: W. 17. Age at time of this birth ? yrs. 18. Birthplace: Union County, Ohio 19. Usual occupation: Housewife. 20. Industry or business _____. 21. Children born to this mother: 10. (a) How many other children of this mother are now living? 6. (b) How many other children were born alive but are now dead? 2. (c) How many children were born dead? 1. 22. Attending Physician or Midwife: Midwife, Name not known. 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 such record is recorded. A. T. Bray Judge of the Probate Court

The State of Ohio, Logan County, ss:
I, the undersigned Judge of the Provate 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 correction the record of the birth of Lydia E. Garvin, 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 28th day of April, 1944. A. T. Bray Judge of said Court. (Seal)

No. A-575 (Filed May 12, 1944)
In the Probate Court of Marion County, Ohio Case No. 2338
In the Matter of the Correction of the Birth Record of Bertha Isabel Green. Finding and Order.
This day this cause came on to be heard on the application of Bertha Isabel Green Kyle, for an order of the court correcting the birth record of the applicant as it is registered in the office of Union County, Ohio Probate Court, Birth Record Vol. 4, page 65, No. 447; 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: Applicant's original birth record. Affidavits of Elizabeth Costello, and Elsie Keefer. The Court finds that the correct record of the birth of the applicant ia as follows: 1. Place of Birth: (a) County- Union (b) Washington Township. (c) Name of hospital or institution: Home. (d) Mother's stay before delivery: In this community all her life. 2. Usual Residence of Mother: (At time of Delivery) (a) State-Ohio. (b) County- Union. (c) Washington Township. 3. Full name of child: Green, Bertha Isabel. 4. Date of Birth: July 7, 1908. 5. Sex: Female . 6. Twin or triplet -- . 7. Number months of pregnancy --. 8. Mother married? yes. Father of Child: 9. Full name- Green, Sherman. 10. Color or race: W. 11. Age at time of this birth 47 yrs. 12. Birthplace: Logan County, Ohio. 13. Usual occupation: Farmer. 14. Industry or business _____. Mother of Child: 15. Full maiden name: Hicks, Anna. 16. Color or race: W. 17. Age at time of this birth 45 yrs. Birthplace: Union County, Ohio. 19. Usual occupatinn: 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? 1. (c) How many children were born dead? ---
22. Attending Physician or Midwife: Name- C.L. Thompson. Address-York Center, Ohio. M.D., midwife or other- M.D. Applicant's second name is incorrect, recorded as Elizabeth.

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.
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 9th day of May, 1944. Oscar Gast Judge and ex-officio Clerk By Fanny Benson Deputy Clerk (Seal)