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Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

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

In the Matter of the.....
of .....

Case No......

APPLICATION

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

1. PLACE OF BIRTH:

(a) County.....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

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

(d) Mother's stay before delivery:

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

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

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

5. Sex .....

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

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... Surname First Middle

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

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

13. Usual occupation .....

14. Industry or business.....

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

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

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

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

19. Usual occupation .....

20. Industry or business.....

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

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of.....*birth* .....

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

..... *Applicant*

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

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

..... *Applicant*

P. O. Address.....

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

.....

.....
(Official Title)

AFFIDAVIT

In the Matter of.....
of .....

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

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

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

..... *Attending Physician*

P. O. Address.....

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

.....

.....
(Official Title)

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

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

.....

P. O. Address.....

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

.....

.....
(Official Title)

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

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

.....

P. O. Address.....

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

.....

.....
(Official Title)

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

In the Matter of the.....
of .....

..... *19*.....

Case No. G 4448

ORDER FOR HEARING

This day .....*appeared in open court and filed an application for the* .....

It is ordered that hearing on said application.....

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

NOTICE OF HEARING RECORDED Page..... ..... *Probate Judge.*

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No. A-448

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Ida May Dennis (Rosecrans)

Probate Court, Delaware **County, Ohio**

December 24 *19* 42

Case No. 15946

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Ida May Dennis *for an order of The Court correcting* her *birth record, as it is registered in the office of* the Probate Court of Union County, Ohio, The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* clear and complete Bible Record and other documentary evidence deemed sufficient by the court ; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

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

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

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 4 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

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

(d) Street No. .....

3. Full name of child Dennis (Surname) Ida (First) May (Middle)

4. Date of birth June 19, 1883 (Month) (Day) (Year)

5. Sex Female

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Dennis (Surname) Wilson (First) R. (Middle)

10. Color or race white 11. Age at time of this birth 43 yrs.

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

13. Usual occupation farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Cohagen (Surname) Maria (First) (Middle)

16. Color or race white 17. Age at time of this birth 41 yrs.

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

19. Usual occupation housewife

20. Industry or business .....

22. Attending Physician or Midwife:

Name Dr. Pounds

Address Marysville, Ohio

21. Children born to this mother:

(a) How many other children of this mother ~~are now~~ were living? 6

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

(c) How many children were born dead? none

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

Answers must be given as of date of delivery of applicant

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

Recorded name of "Ada M. Dennis" be changed to Ida May Dennis; Date of birth be changed from June 9, 1883 to June 19, 1883.

.

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

H. D. House *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

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

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

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

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

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

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

(d) Mother's stay before delivery:

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

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

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

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

5. Sex .....

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

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

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

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

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

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

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

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

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

19. Usual occupation .....

20. Industry or business .....

22. Attending Physician or Midwife:

Name .....

Address .....

21. Children born to this mother:

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

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

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

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

Answers must be given as of date of delivery of applicant

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

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record
of Harriett Lucille Heller

Case No. A-450

APPLICATION

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

1. PLACE OF BIRTH:
(a) County Union
(b) Marysville (City) (Village) (Township)
(c) Name of hospital or institution:
425 West Seventh Street
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville (City) (Village) (Township)
(d) Street No. 425 West Seventh Street

3. Full name of child Heller (Surname) Harriett (First) Lucille (Middle)

4. Date of birth Nov. 20, 1908 (Month) (Day) (Year)

5. Sex: Female

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

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Heller (Surname) George (First) Vickerman (Middle)
10. Color or race white 11. Age at time of this birth 36 yrs.
12. Birthplace Delaware (City, town, or county) Ohio (State or foreign country)
13. Usual occupation contractor and builder
14. Industry or business lumber mill

MOTHER OF CHILD

15. Full maiden name Flowers (Surname) Anna (First) Belle (Middle)
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Akron (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? one

22. Attending Physician or Midwife:
Name C. D. Mills
Address W. Sixth Street, Marysville, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Vol. 4, page 76, of the birth records of Union Co. Ohio, first name omitted, middle name spelled incorrectly.
Your applicant hereby makes application for an order of the Court, directing correction of her birth record *as provided by law.*

Harriett Lucille Heller *Applicant*

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

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

Harriett Lucille Heller *Applicant*

P. O. Address .....

Sworn to before me and signed in my presence this 26th *day of* December *19* 42.

Katherine J. Bower
(Seal) Notary Public
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

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

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

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

Attending Physician

P. O. Address .....

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

(Official Title)

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

I, Geo. V. Heller, 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 V Heller

P. O. Address 34 W. Maynard Ave. Columbus, Ohio

Sworn to before me and signed in my presence this 22nd *day of* December *19* 42

Katherine J. Bower
(Seal) Notary Public
(Official Title)

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

I, Annabelle Flowers Heller, 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.*

Annabelle Flowers Heller

P. O. Address 34 West Maynard Ave. Columbus, Ohio

Sworn to before me and signed in my presence this 26th *day of* December *19* 42.

Katherine J. Bower
(Seal) Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Harriett Lucille Heller

January 5 *19* 43

Case No. A-450

ORDER FOR HEARING

This day Harriett Lucille Heller *appeared in open court and filed an application for the* correction of her birth record

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

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

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

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Harriett Lucille Heller

Probate Court, Union **County, Ohio**

January 5 19 43

Case No. A-450

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Harriett Lucille Heller *for an order of The Court correcting* her *birth record, as it is registered in the office of* Union County Probate Court, Volume 4, page 76. *The Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of Geo. V. Heller and Annabelle Flowers Heller, parents of the applicant ; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

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

(c) Name of hospital or institution: 425 West Seventh Street (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

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

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

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

(d) Street No. 425 West Seventh Street

3. Full name of child Heller (Surname) Harriett (First) Lucille (Middle)

4. Date of birth Nov. 20, 1908 (Month) (Day) (Year)

5. Sex Female

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Heller (Surname) George (First) Vickerman (Middle)

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

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

13. Usual occupation contractor and builder

14. Industry or business lumber mill

MOTHER OF CHILD

15. Full maiden name Flowers (Surname) Anna (First) Belle (Middle)

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

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

19. Usual occupation housewife

20. Industry or business --

21. Children born to this mother:

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

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

(c) How many children were born dead? one

22. Attending Physician or Midwife:

Name C. D. Mills

Address W. Sixth Street, Marysville, Ohio

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

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the first name of the applicant be added to said record and the spelling of the middle name corrected.

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

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

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

..... *19* .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.* ....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

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

(d) Mother's stay before delivery:

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

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

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

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

5. Sex .....

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

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

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

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

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

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

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

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

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

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:

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

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

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

22. Attending Physician or Midwife:

Name .....

Address .....

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

Answers must be given as of date of delivery of applicant

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

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Asa Park

Case No. A-452

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) Paris (City) (Village) (Township)
(c) Name of hospital or institution: at home on farm
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community all her life
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Paris (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Park (Surname) Asa (First) (Middle)

4. Date of birth March 27, 1873 (Month) (Day) (Year)

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Park (Surname) Thomas (First) Corwin (Middle)
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Licking County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Cross (Surname) Mary (First) Etta (Middle)
16. Color or race white 17. Age at time of this birth 27 yrs.
18. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

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

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

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 1, page 106 of the birth records of Union County, Ohio.
Your applicant hereby makes application for an order of the Court, directing correction of his birth record, *as provided by law.*

Asa Park *Applicant*

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

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

Asa Park *Applicant*

P. O. Address Jacksontown, Ohio

Sworn to before me and signed in my presence this 15 *day of* January *19* 43.

W. H. Orr, Jacksontown, O.
Justice of Peace
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

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

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

Attending Physician

P. O. Address .....

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

(Official Title)

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

I, Jesse M. Stotler, 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.*

Jesse M. Stotler

P. O. Address Jacksontown, Ohio

Sworn to before me and signed in my presence this 15 *day of* January *19* 43.

W. H. Orr, Jacksontown, O.
Justice of Peace
(Official Title)

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

I, Laura B. Orr, 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.*

Laura B. Orr

P. O. Address Jacksontown, O.

Sworn to before me and signed in my presence this 15 *day of* January *19* 43.

W. H. Orr, Jacksontown, O.
Justice of Peace
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Asa Park

January 19 *19* 43

Case No. A-452 ✓

ORDER FOR HEARING

This day Asa Park *appeared in open court and filed an application for the* correction of his birth record

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

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

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

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JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Asa Park

Probate Court, Union **County, Ohio**

January 19 19 43

Case No. A-452

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Asa Park *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Court, Volume 1, page 106. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of the applicant and Jesse M. Stotler and Laura B. Orr; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Paris (City) (Village) (Township)
(c) Name of hospital or institution: at home on farm
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community life
(Specify whether years, months, or days)

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

3. Full name of child Park (Surname) Asa (First) ..... (Middle)

4. Date of birth March 27, 1873 (Month) (Day) (Year)

5. Sex Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Park (Surname) Thomas (First) Corwin (Middle)
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Licking County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Cross (Surname) Mary (First) Etta (Middle)
16. Color or race white 17. Age at time of this birth 27 yrs.
18. Birthplace ..... (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? 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 .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the name of the applicant be corrected from L. C. Park to Asa Park, father's name Thomas Corwin Park instead of L. C. Park, and mother's maiden name Mary Etta Cross instead of Margaret Cross.

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

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

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

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

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.* ....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* .....; *that notice of the hearing on said application has been* .....; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution: .....
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

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

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

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

5. Sex .....

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

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

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

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

Answers must be given as of date of delivery of applicant

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

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Rollie Ralph Morey

Case No. A-454

APPLICATION

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

1. PLACE OF BIRTH:
(a) County Union
(b) ..... Leesburg
(City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

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

3. Full name of child Morey (Surname) Rollie (First) Ralph (Middle)
4. Date of birth Nov. 9, 1891 (Month) (Day) (Year)
5. Sex Male
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD

9. Full name Morey (Surname) Joseph (First) Gregory (Middle)
10. Color or race white 11. Age at time of this birth 38 yrs.
12. Birthplace Union (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name DeGood (Surname) Clara (First) Amelia (Middle)
16. Color or race white 17. Age at time of this birth 32 yrs.
18. Birthplace Union (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

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

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

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3, page 133, The date of birth as recorded is given as November 15th, 1891, should be November 9, 1891. That the given name of said child Rollie Ralph.

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

Rollie Ralph Morey *Applicant*

The State of Ohio, California, Los Angeles **County.**

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

Rollie Ralph Morey *Applicant*

P. O. Address 706 Monterey Blvd. Hermosa Beach, California

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

(Seal)

May B. Hopkins
Notary Public in and for the County of Los Angeles, State of California
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

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

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

Attending Physician

P. O. Address .....

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

(Official Title)

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

I, Edith Johnston, 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.*

Edith Johnston

P. O. Address 608 N. Main St. Findlay, O.

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

A. T. Baughman
A.T.Baughman, Notary Public, my commission expires Aug. 8, 1944
(Official Title)

(Seal)

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

I, T. E. Cowgill, 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.*

T. E. Cowgill

P. O. Address 416 N. Sandusky, Delaware, O.

Sworn to before me and signed in my presence this 7" *day of* Dec. *19* 42

L. W. Redmond
L.W.Redmond, Notary Public, my com. expires Apr. 30, 1943
(Official Title)

(Seal)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Rollie Ralph Morey

January 16 *19* 43

Case No. A-454 ✓

ORDER FOR HEARING

This day Rollie Ralph Morey *appeared in open court and filed an application for the* correction of his birth record.

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

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

NOTICE OF HEARING RECORDED Page .....

(Seal)

John W. Dailey *Probate Judge.*

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JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Rollie Ralph Morey

Probate Court, Union **County, Ohio**

January 16 19 43

Case No. A-454

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Rollie Ralph Morey *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court, Union County, Ohio, Volume 3, page 133. *The Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of Edith Johnston and T. E. Cowgill, persons having knowledge of the facts.; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) ____ (City) ____ (Village) Leesburg (Township)
(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

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

3. Full name of child: Morey (Surname) Rollie (First) Ralph (Middle)
4. Date of birth Nov. 9, 1891 (Month) (Day) (Year)
5. Sex: Male
6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____
7. Number months of pregnancy: 9
8. Mother married? yes

FATHER OF CHILD
9. Full name: Morey (Surname) Joseph (First) Gregory (Middle)
10. Color or race: white 11. Age at time of this birth: 38 yrs.
12. Birthplace: Union (City, town, or county) Ohio (State or foreign country)
13. Usual occupation: Farmer
14. Industry or business: ____

MOTHER OF CHILD
15. Full maiden name: DeGood (Surname) Clara (First) Amelia (Middle)
16. Color or race: white 17. Age at time of this birth: 32 yrs.
18. Birthplace: Union (City, town, or county) Ohio (State or foreign country)
19. Usual occupation: housewife
20. Industry or business: ____

21. Children born to this mother:
(a) How many other children of this mother are now living? 3
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none
Answers must be given as of date of delivery of applicant

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

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the date of birth be corrected from November 15, 1891, to November 9, 1891, and that the given name of said child be Rollie Ralph.

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

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

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ **County, Ohio**

19 ____

Case No. ____

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County ____
(b) ____ (City) ____ (Village) ____ (Township)
(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

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

3. Full name of child ____ (Surname) ____ (First) ____ (Middle)
4. Date of birth ____ (Month) (Day) (Year)
5. Sex ____
6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____
7. Number months of pregnancy ____
8. Mother married? ____

FATHER OF CHILD
9. Full name ____ (Surname) ____ (First) ____ (Middle)
10. Color or race ____ 11. Age at time of this birth ____ yrs.
12. Birthplace ____ (City, town, or county) ____ (State or foreign country)
13. Usual occupation ____
14. Industry or business ____

MOTHER OF CHILD
15. Full maiden name ____ (Surname) ____ (First) ____ (Middle)
16. Color or race ____ 17. Age at time of this birth ____ yrs.
18. Birthplace ____ (City, town, or county) ____ (State or foreign country)
19. Usual occupation ____
20. Industry or business ____

21. Children born to this mother:
(a) How many other children of this mother are now living? ____
(b) How many other children were born alive but are now dead? ____
(c) How many children were born dead? ____
Answers must be given as of date of delivery of applicant

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

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

____ *Probate Judge.*

____ *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Wilfred C. Love

Case No. A-464

APPLICATION

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

1. PLACE OF BIRTH:

(a) County.....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

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

(d) Mother's stay before delivery:

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

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

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

5. Sex .....

6. Twin or triplet .....

If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... Surname First Middle

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

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

13. Usual occupation .....

14. Industry or business.....

21. Children born to this mother before this birth:

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

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

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

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

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

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

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

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

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of.....birth .....

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

..... *Applicant*

The State of Ohio,.....County.

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

..... *Applicant*

P. O. Address.....

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

.....

..... (Official Title)

AFFIDAVIT

In the Matter of.....
of .....

Probate Court,.....County, Ohio

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

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

..... *Attending Physician*

P. O. Address.....

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

.....

..... (Official Title)

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

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

.....

P. O. Address.....

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

.....

..... (Official Title)

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

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

.....

P. O. Address.....

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

.....

..... (Official Title)

Probate Court,.....County, Ohio

In the Matter of the.....
of .....

.....19.....

Case No. 464 ✓

ORDER FOR HEARING

This day .....appeared in open court and filed an application for the .....

It is ordered that hearing on said application.....

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

NOTICE OF HEARING RECORDED Page..... ..... *Probate Judge.*

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Union Co. Case No. A-464

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Wilfred C. Love

Probate Court, Summit **County, Ohio**

January 26 *19* 43

Case No. A-5675

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Wilfred C. Love *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court, Union County, Ohio. Vincent/Zurz, Special Master Commissioner appointed by the Court, *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavit and testimony of applicant, along with clear and convincing documentary evidence ; *that notice of the hearing on said application has been* dispensed with ; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Essex (now Richwood) Jackson Twp.
(City) (Village) (Township)

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

(d) Mother's stay before delivery:
In hospital or institution ..... In this community 3-4 years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Essex (now Richwood) Jackson Twp.
(City) (Village) (Township)

(d) Street No. .....

3. Full name of child: Love (Surname) Wilfred (First) C. (Middle)

4. Date of birth 9-19-1878 (Month) (Day) (Year)

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Love (Surname) Seamon (First) C. (Middle)

10. Color or race white 11. Age at time of this birth 37 yrs.

12. Birthplace: Morrow 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: Criswell, Mary (Surname) (First) M. (Middle)

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

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

19. Usual occupation: housewife

20. Industry or business .....

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

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

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: applicant's name should be recorded correctly as "Wilfred C. Love" and not "Willfert C. Lowe"; applicant's father's name should be "Seamon C. Love" and not "S. E. Lowe."

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

Dean F. May *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

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

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

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

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

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

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

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

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

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

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

5. Sex .....

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

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

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

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

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

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

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

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

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

19. Usual occupation .....

20. Industry or business .....

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

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

Answers must be given as of date of delivery of applicant

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

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Homer Whitney Dull

Case No. A-465

APPLICATION

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

1. PLACE OF BIRTH:

(a) County Union
(b) Paris Township (City) (Village) (Township)
(c) Name of hospital or institution: Kenton-Marysville Road (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) Paris Township (City) (Village) (Township)
(d) Street No. Kenton-Marysville Road

3. Full name of child: Dull (Surname) Homer (First) Whitney (Middle)

4. Date of birth Feb. 24, 1891 (Month) (Day) (Year)

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Dull (Surname) Walter (First) Byron (Middle)
10. Color or race white 11. Age at time of this birth 23 yrs.
12. Birthplace: Union County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation: Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name: Martin (Surname) Mary (First) Loufamia (Middle)
16. Color or race white 17. Age at time of this birth 19 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: 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. A.B. Swisher
Address Marysville, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* was not properly recorded in Vol. 3, p. 46 of the birth records of Union County, Ohio, in that it shows his name to be Homer O. Dull while in truth and fact his correct name is Homer Whitney Dull. Said Birth record is also incorrect that it lists applicant's father's name as W. D. Dull while in truth and fact it was Walter Byron Dull.

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

Homer Whitney Dull *Applicant*

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

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

Homer Whitney Dull *Applicant*

P. O. Address 1004 North Elizabeth Street, Lima, Ohio

Sworn to before me and signed in my presence this 13 *day of* February *19* 43

Oren E. Dickason

(Seal)

Notary Public, Allen County, Ohio (Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

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

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

Attending Physician

P. O. Address .....

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

(Seal)

(Official Title)

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

I, George Singer, *do hereby certify that 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 Singer

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 8 *day of* March *19* 43

Betty Geer

(Seal)

Deputy (Official Title)

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, Ohio

Sworn to before me and signed in my presence this 8 *day of* March *19* 43

Betty Geer

(Seal)

Deputy (Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth
of Homer Whitney Dull

March 8 *19* 43

Case No. A-465

ORDER FOR HEARING

This day Homer Whitney Dull *appeared in open court and filed an application for the* correction of his birth record

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

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

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Homer Whitney Dull

Probate Court, Union **County, Ohio**

March 8 *19* 43

Case No. A-465

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

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

1. PLACE OF BIRTH:
(a) County Union
(b) Paris Township (City) (Village) (Township)
(c) Name of hospital or institution: Kenton-Marysville Road (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) Paris Township (City) (Village) (Township)
(d) Street No. Kenton-Marysville Road

3. Full name of child: Dull (Surname) Homer (First) Whitney (Middle)
4. Date of birth Feb. 24, 1891 (Month) (Day) (Year)
5. Sex: male
6. Twin or triplet ..... If so—born 1st, 2d, or 3d 1st
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name: Dull (Surname) Walter (First) Byron (Middle)
10. Color or race white 11. Age at time of this birth 23 yrs.
12. Birthplace: Union County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation: Farmer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name: Martin (Surname) Mary (First) Loufamia (Middle)
16. Color or race white 17. Age at time of this birth 19 yrs.
18. Birthplace: Union County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation: housewife
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? none
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none
Answers must be given as of date of delivery of applicant

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

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

That applicant's name be corrected showing it to be Homer Whitney Dull.

That the record be corrected to show his father's name to be Walter Byron Dull.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law. (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

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

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

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

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

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

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

3. Full name of child ..... Surname First Middle
4. Date of birth ..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy .....
8. Mother married? .....

FATHER OF CHILD
9. Full name ..... Surname First Middle
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name ..... Surname First Middle
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....
Answers must be given as of date of delivery of applicant

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

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

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record
of William James Eli Bosh

Case No. A-471

APPLICATION

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

1. PLACE OF BIRTH:

(a) County Union
(b) Claibourne (City) (Village) (Township)
(c) Name of hospital or institution: at home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 30 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Claibourne (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Bosh, (Surname) William James Eli (First) (Middle)

4. Date of birth Feb. 28, 1884 (Month) (Day) (Year)

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Bosh, (Surname) William (First) James (Middle)
10. Color or race white 11. Age at time of this birth 43 yrs.
12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation famer
14. Industry or business farmer

MOTHER OF CHILD

15. Full maiden name Woodruff, (Surname) Harriet (First) Ellen (Middle)
16. Color or race white 17. Age at time of this birth 33 yrs.
18. Birthplace Putman County, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 4
(b) How many other children were born alive but were then dead? 1
(c) How many children were born dead? 0

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

Answers must be given as of date of delivery of applicant

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

William James Eli Bosh *Applicant*

The State of 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 James Eli Bosh *Applicant*
P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 26th *day of* Feb. *19* 43.

Carrie W. Hornbeck
Deputy
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

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

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

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

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

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

(Official Title)

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

I, C. S. Grindell, *do hereby certify that 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. S. Grindell
P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 26 *day of* Feb. *19* 43.

Carrie W. Hornbeck
Deputy
(Official Title)

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

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

Lawson Boggs
P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 26th *day of* Feb. *19* 43.

Carrie W. Hornbeck
Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of the birth record
of Wm. James Eli Bosh

February 26, 1943

Case No. A-471

ORDER FOR HEARING

This day Wm. J. E. Bosh *appeared in open court and filed an application for the* correction of his birth record

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

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

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of William James Eli Bosh

Probate Court, Union **County, Ohio**

Feb. 26 1943

Case No. A-471

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of William James Eli Bosh *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Court, Vol. 2, pg 73 The Courton *consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of C. S. Grindell and Lawson Boggs, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

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

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

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 30 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

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

(d) Street No. .....

3. Full name of child Bosh (Surname) William James (First) Eli (Middle)

4. Date of birth 2/28/1884 (Month) (Day) (Year)

5. Sex M

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Bosh, William James (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 43 yrs.

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

13. Usual occupation farmer

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Woodruff, Harriet Ellen (Surname) (First) (Middle)

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

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

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? 4

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

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. Duke

Address Richwood, Ohio

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

Answers must be given as of date of delivery of applicant

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

that the date of birth be corrected from February 9, 1885, to february 28, 1884.

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

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

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

In the Matter of the REGISTRATION OF BIRTH

of .....

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

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

....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* .....;

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

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

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

(d) Mother's stay before delivery:

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

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

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

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

5. Sex .....

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

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

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

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

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

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

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

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

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

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:

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

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

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

22. Attending Physician or Midwife:

Name .....

Address .....

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

Answers must be given as of date of delivery of applicant

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

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Mary Catharine Bosh

Case No. A-472

APPLICATION

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

1. PLACE OF BIRTH:
(a) County Union
(b) 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 32 yrs. (Specify whether years, months, or days)

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

3. Full name of child: Bosh (Surname) Mary (First) Catharine (Middle)

4. Date of birth: Jan. 6, 1886 (Month) (Day) (Year)

5. Sex: Female

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

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Bosh (Surname) William (First) James (Middle)
10. Color or race: white — 11. Age at time of this birth: 45 yrs.
12. Birthplace: Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation: farmer
14. Industry or business: farming

MOTHER OF CHILD

15. Full maiden name: Woodruff (Surname) Harriet (First) Ellen (Middle)
16. Color or race: white — 17. Age at time of this birth: 35 yrs.
18. Birthplace: Putman County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation: housewife
20. Industry or business: .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 5
(b) How many other children were born alive but were then dead? 1
(c) How many children were born dead? none

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

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Vol. 2, p. 84 of the birth records of Union County in that the date of birth is given as June 6th, 1885, and should be January 6, 1886.

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

Mary Catharine Schultz *Applicant*

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 Catharine Schultz *Applicant*

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 26th *day of* February *19* 43.

(Seal)

Carrie W. Hornbeck
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

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

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

Attending Physician

P. O. Address .....

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

(Official Title)

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

I, C. S. Grindell, *do hereby certify that 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. S. Grindell

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 26 *day of* February *19* 43.

(Seal)

Carrie W. Hornbeck
Deputy Clerk
(Official Title)

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

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

Lawson Boggs

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 26 *day of* February *19* 43.

Carrie W. Hornbeck
Deputy Clerk
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Mary Catharine Bosh

February 26 *19* 43

Case No. A-472

ORDER FOR HEARING

This day Mary Catharine Bosh *appeared in open court and filed an application for the* correction of her birth record

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

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

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Mary Catharine Bosh

Probate Court, Union **County, Ohio**

February 26 *19* 43

Case No. A-472

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Mary Catharine Bosh *for an order of The Court correcting* her *birth record, as it is registered in the office of* the Court, Volume 2, page 84. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of C. S. Grindell and Lawson Boggs; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County: Union
(b): Claibourne Township (City) (Village) (Township)
(c) Name of hospital or institution: 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: 32 yrs.
(Specify whether years, months, or days)

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

3. Full name of child: Bosh (Surname) Mary (First) Catherine (Middle)
4. Date of birth: Jan. 6, 1886 (Month) (Day) (Year)
5. Sex: Female
6. Twin or triplet: no — If so—born 1st, 2d, or 3d:
7. Number months of pregnancy: 9
8. Mother married? yes

FATHER OF CHILD
9. Full name: Bosh (Surname) William (First) James (Middle)
10. Color or race: white — 11. Age at time of this birth: 45 yrs.
12. Birthplace: Union County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation: farmer
14. Industry or business: farming

MOTHER OF CHILD
15. Full maiden name: Woodruff (Surname) Harriet (First) Ellen (Middle)
16. Color or race: white — 17. Age at time of this birth: 35 yrs.
18. Birthplace: Putman County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation: housewife
20. Industry or business:

21. Children born to this mother:
(a) How many other children of this mother are now living? 5
(b) How many other children were born alive but are now dead? 1
(c) How many children were born dead? none
Answers must be given as of date of delivery of applicant

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

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: tnat the date of birth be corrected from June 6, 1885 to January 6, 1886.

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

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

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of
for an order of The Court directing the registration of birth.
having personally examined the applicant in open court, finds that the facts stated in the application are supported by
; that notice of the hearing on said application has been; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County:
(b): (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution: In this community:
(Specify whether years, months, or days)

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

3. Full name of child: (Surname) (First) (Middle)
4. Date of birth: (Month) (Day) (Year)
5. Sex:
6. Twin or triplet: — If so—born 1st, 2d, or 3d:
7. Number months of pregnancy:
8. Mother married?

FATHER OF CHILD
9. Full name: (Surname) (First) (Middle)
10. Color or race: — 11. Age at time of this birth: yrs.
12. Birthplace: (City, town, or county) (State or foreign country)
13. Usual occupation:
14. Industry or business:

MOTHER OF CHILD
15. Full maiden name: (Surname) (First) (Middle)
16. Color or race: — 17. Age at time of this birth: yrs.
18. Birthplace: (City, town, or county) (State or foreign country)
19. Usual occupation:
20. Industry or business:

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?
Answers must be given as of date of delivery of applicant

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

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

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of James Ottie Moore

Case No. A-480

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) Washington Township (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 20 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Washington Township (City) (Village) (Township)
(d) Street No.

3. Full name of child Moore (Surname) James (First) Ottie (Middle)

4. Date of birth May 9, 1881 (Month) (Day) (Year)

5. Sex M.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Moore (Surname) William (First) (Middle)
10. Color or race white 11. Age at time of this birth 44 yrs.
12. Birthplace Perry 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 Kennedy (Surname) Mary (First) C. (Middle)
16. Color or race white 17. Age at time of this birth 40 yrs.
18. Birthplace Franklin County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? 1
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Morrow Sr.
Address Mt. Victory, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 2, page 47 of the birth records of Union County, Ohio.
Your applicant hereby makes application for an order of the Court, directing correction of his birth record *as provided by law.*

James Ottie 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.*

James Ottie Moore *Applicant*

P. O. Address Augosta, Ohio

Sworn to before me and signed in my presence this 6 *day of* March *19* 43

Mildred L. Fladt

(Seal)

Mildred L. Fladt, Notary Public, Union County, Ohio
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

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

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

Attending Physician

P. O. Address .....

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

(Official Title)

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

I, John F. Hatcher, 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 F. Hatcher

P. O. Address Mt. Victory, Ohio

Sworn to before me and signed in my presence this 6 *day of* March *19* 43.

M. O. Harvey

(Seal)

Notary Public
(Official Title)

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

I, E. E. Sherwood, 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.*

E. E. Sherwood

P. O. Address Mt. Victory, Ohio

Sworn to before me and signed in my presence this 6 *day of* March *19* 43.

M. O. Harvey

(Seal)

Notary Public
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of James Ottie Moore

March 9 *19* 43

Case No. A-480

ORDER FOR HEARING

This day James Ottie Moore *appeared in open court and filed an application for the* correction of his birth record

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

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

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of James Ottie Moore

Probate Court, Union **County, Ohio**

March 9 *19* 43

Case No. A-480

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of James Ottie Moore *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Court, Volume 2, page 47. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts ; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Washington Township (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ... In this community 20 yrs. (Specify whether years, months, or days)

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

3. Full name of child Moore (Surname) James (First) Ottie (Middle)
4. Date of birth May 9, 1881 (Month) (Day) (Year)
5. Sex M.
6. Twin or triplet single If so—born 1st, 2d, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Moore (Surname) William (First) (Middle)
10. Color or race white 11. Age at time of this birth 44 yrs.
12. Birthplace Perry 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 Kennedy (Surname) Mary (First) C. (Middle)
16. Color or race white 17. Age at time of this birth 40 yrs.
18. Birthplace Franklin County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living? 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. Morrow Sr.
Address Mt. Victory, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:
that the name of the applicant be corrected from Ottie Moore to James Ottie Moore, and that the date of birth be corrected from May 6, 1881, to May 9, 1881.

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

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

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of *for an order of The Court directing the registration of* *birth.* *, having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ; *that notice of the hearing on said application has been* *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County
(b) (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ... In this community ...
(Specify whether years, months, or days)

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

3. Full name of child (Surname) (First) (Middle)
4. Date of birth (Month) (Day) (Year)
5. Sex
6. Twin or triplet If so—born 1st, 2d, or 3d
7. Number months of pregnancy
8. Mother married?

FATHER OF CHILD
9. Full name (Surname) (First) (Middle)
10. Color or race 11. Age at time of this birth yrs.
12. Birthplace (City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD
15. Full maiden name (Surname) (First) (Middle)
16. Color or race 17. Age at time of this birth yrs.
18. Birthplace (City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business

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

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

Answers must be given as of date of delivery of applicant

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

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Joseph Earl Cline

Case No. A-481

APPLICATION

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

1. PLACE OF BIRTH:
(a) County Union
(b) (City) Allen Township (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 25 yrs.
(Specify whether years, months, or days)

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

3. Full name of child Cline (Surname) Joseph (First) Earl (Middle)

4. Date of birth Mar. 20, 1895 (Month) (Day) (Year)

5. Sex: Male

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

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Cline (Surname) Lester (First) (Middle)
10. Color or race white 11. Age at time of this birth 43 yrs.
12. Birthplace Allen Twp., Union Co., O. (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Larry (Surname) Anna (First) (Middle)
16. Color or race white 17. Age at time of this birth 37 yrs.
18. Birthplace ..... Iowa (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

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

22. Attending Physician or Midwife:
Name A. Boylan, now deceased
Address Milford Center, Ohio
.....
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3 page 33 of the Birth Records of Union County, Ohio, and that it be recorded as Joseph Earl Cline instead of "Cline-not named"

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

Joseph Earl Cline *Applicant*

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

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

Joseph Earl Cline *Applicant*

P. O. Address Broadway, Ohio

Sworn to before me and signed in my presence this 9th *day of* March *19* 43.

John W. Dailey
Probate Judge
(Official Title)

(Seal)

AFFIDAVIT

In the Matter of .....
of .....

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

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

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

Attending Physician

P. O. Address .....

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

.....
.....
(Official Title)

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

I, Anna Larry Cline, 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.*

Anna Larry Cline

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 13 *day of* March *19* 43

L. H. Collins
Justice of Peace
(Official Title)

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

I, Louis F. Otte, no relation, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Louis F. Otte

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 11 *day of* March *19* 43

John W. Dailey
Probate Judge
(Official Title)

(Seal)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Joseph Earl Cline

March 16 *19* 43

Case No. A-481

ORDER FOR HEARING

This day Joseph Earl Cline *appeared in open court and filed an application for the* correction of his birth record

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

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

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Joseph Earl Cline

Probate Court, UNION **County, Ohio**

March 16 1943

Case No. A-481

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Joseph Earl Cline *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court of Union County, Ohio. The court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of Anna Larry Cline, his mother, and Louis F. Otte, no relation, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Allen Twp. (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 25 yrs.
(Specify whether years, months, or days)

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

3. Full name of child Cline (Surname) Joseph (First) Earl (Middle)
4. Date of birth Mar. 20, 1895 (Month) (Day) (Year)
5. Sex Male
6. Twin or triplet single If so—born 1st, 2d, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Cline (Surname) Lester (First) (Middle)
10. Color or race white 11. Age at time of this birth 43 yrs.
12. Birthplace Allen Twp. Union Co. O. (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Larry (Surname) Anna (First) (Middle)
16. Color or race white 17. Age at time of this birth 37 yrs.
18. Birthplace (City, town, or county) Iowa (State or foreign country)
19. Usual occupation housewife
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living? three
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name A. Boylan, now deceased
Address Milford Center, Ohio
M. D., midwife, or other

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:
Changed from "Cline, not named", to Joseph Earl Cline.

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

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

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

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

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

1. PLACE OF BIRTH:
(a) County
(b) (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community
(Specify whether years, months, or days)

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

3. Full name of child (Surname) (First) (Middle)
4. Date of birth (Month) (Day) (Year)
5. Sex
6. Twin or triplet If so—born 1st, 2d, or 3d
7. Number months of pregnancy
8. Mother married?

FATHER OF CHILD
9. Full name (Surname) (First) (Middle)
10. Color or race 11. Age at time of this birth yrs.
12. Birthplace (City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD
15. Full maiden name (Surname) (First) (Middle)
16. Color or race 17. Age at time of this birth yrs.
18. Birthplace (City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?
Answers must be given as of date of delivery of applicant

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

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

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record

of William Paul Gabriel

Case No. A-482

APPLICATION

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

1. PLACE OF BIRTH:

(a) County Union

(b) York 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 27 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) York Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Gabriel (Surname) William (First) Paul (Middle)

4. Date of birth 10-21-1901 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: no

If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Gabriel (Surname) Joseph (First) (Middle)

10. Color or race White 11. Age at time of this birth 26 yrs.

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

13. Usual occupation Salesman

14. Industry or business Farm Equipment

MOTHER OF CHILD

15. Full maiden name Morrow (Surname) Elizabeth (First) Rachel (Middle)

16. Color or race White 17. Age at time of this birth 27 yrs.

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

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother before this birth:

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

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

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. C.L. Thompson, M.D.

Address Richwood, Ohio

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

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Volume 3, page 79, of the birth records of Union County, Ohio.

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

William Paul Gabriel *Applicant*

The State of 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 Paul Gabriel *Applicant*

P. O. Address Milwaukee, Wisconsin

Sworn to before me and signed in my presence this 20th *day of* February *19* 43.

C. E. Goodrich

(Seal)

Notary Public in and for Milwaukee County, Wisconsin (Official Title)

AFFIDAVIT

In the Matter of .....

of .....

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

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

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

..... *Attending Physician*

P. O. Address .....

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

.....

(Official Title)

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

I, Elizabeth M. Gabriel, 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 M. Gabriel

P. O. Address 1481 Mulford Rd. Columbus, O.

Sworn to before me and signed in my presence this 10 *day of* March *19* 43.

Carrie W. Hornbeck

(Seal)

Deputy (Official Title)

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

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

Joseph Gabriel

P. O. Address 1481 Mulford Rd. Columbus, Ohio

Sworn to before me and signed in my presence this 10 *day of* March *19* 43.

Carrie W. Hornbeck

(Seal)

Deputy (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record

of William Paul Gabriel

March 10 *19* 43

Case No. A-482

ORDER FOR HEARING

This day William Paul Gabriel *appeared in open court and filed an application for the* correction of his birth record

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

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

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of William Paul Gabriel

Probate Court, Union **County, Ohio**

March 10 1943

Case No. A-482

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of William Paul Gabriel *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Court, Volume 3, page 79. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of Joseph Gabriel, father of applicant, and Elizabeth M. Gabriel, mother of applicant ; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) York 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 27 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) York Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Gabriel (Surname) William (First) Paul (Middle)

4. Date of birth 10-21-1901 (Month) (Day) (Year)

5. Sex Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Gabriel (Surname) Joseph (First) (Middle)

10. Color or race White 11. Age at time of this birth 26 yrs.

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

13. Usual occupation Salesman

14. Industry or business Farm Equipment

MOTHER OF CHILD

15. Full maiden name Gabriel (Surname) Elizabeth (First) Rachel (Middle)

16. Color or race white 17. Age at time of this birth 27 yrs.

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

19. Usual occupation Housewife

20. Industry or business .....

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, M. D.

Address Richwood, Ohio

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

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that applicant's name be William Paul Gabriel instead of William Gabriel, date of birth October 21, 1901 instead of Nov. 21, 1901, and mother's maiden name Elizabeth Rachel Morrow instead of Lizzie R. Morian.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law. (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

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

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

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

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

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

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

(d) Mother's stay before delivery:

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

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

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

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

5. Sex .....

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

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

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

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

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

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

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

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

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

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:

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

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

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

22. Attending Physician or Midwife:

Name .....

Address .....

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

Answers must be given as of date of delivery of applicant

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

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Jasper Clyde Reams

Case No. A-484

APPLICATION

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

1. PLACE OF BIRTH:
(a) County Union
(b) Marysville (City) (Village) (Township)
(c) Name of hospital or institution: none
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 10 yrs.
(Specify whether years, months, or days)

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

3. Full name of child Reams (Surname) Jasper (First) Clyde (Middle)

4. Date of birth April 19, 1890 (Month) (Day) (Year)

5. Sex: male

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

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Reams (Surname) Aaron (First) (Middle)
10. Color or race white 11. Age at time of this birth 31 yrs.
12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation carpenter
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Baker (Surname) Ida (First) (Middle)
16. Color or race white 17. Age at time of this birth 29 yrs.
18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

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

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly or accurately recorded in Vol. 3, p. 168 of the Record of Births of Union County, Ohio. That the same is recorded as "Joseph Clyde Reams" and should read "Jasper Clyde Reams."

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

Jasper Clyde 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 he *verily believes.*

Jasper Clyde 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.

Alnet Mayer

(Seal) Alnet Mayer, Notary Public
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

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

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

Attending Physician

P. O. Address .....

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

(Official Title)

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

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

Ida Reams

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 16th *day of* March *19* 43.

Frank Reams

(Seal) Frank Reams, Notary Public, Union County, Ohio
(Official Title)

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

I, O. L. Baker, 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.*

O. L. Baker

P. O. Address Marysville

Sworn to before me and signed in my presence this 16th *day of* March *19* 43

Frank Reams

(Seal) Frank Reams, Notary Public, Union County, Ohio
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of the birth record
of Jasper Clyde Reams

March 16th *19* 43

Case No. A-484

ORDER FOR HEARING

This day Jasper Clyde Reams *appeared in open court and filed an application for the* correction of his birth record

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

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

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Jasper Clyde Reams

Probate Court, Union **County, Ohio**

March 16th 1943

Case No. A-484

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Jasper Clyde Reams

for an order of The Court correcting his *birth record, as it is registered in the office of* the Probate Court of Marysville, Ohio. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* Ida Reams, mother, and O. L. Baker, uncle, two persons having knowledge of the facts ; *that notice of the hearing on said application has been* dispensed with ; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

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

(c) Name of hospital or institution: 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 10 yr.
(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 Reams (Surname) Jasper (First) Clyde (Middle)

4. Date of birth April 19, 1890 (Month) (Day) (Year)

5. Sex male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Reams (Surname) Aaron (First) (Middle)

10. Color or race white 11. Age at time of this birth 31 yrs.

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

13. Usual occupation carpenter

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Baker (Surname) Ida (First) (Middle)

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

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

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother:
(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. Swisher
Address Marysville, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:
Record reads in Volume 3, page 168, of the Record of Births, Union County, Ohio, "Joseph Clyde Reams" and should read, "Jasper Clyde Reams."

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

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

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

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

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

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

1. PLACE OF BIRTH:

(a) County

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

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

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

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

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

(d) Street No.

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

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

5. Sex

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

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

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

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

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

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

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

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

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

19. Usual occupation

20. Industry or business

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

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

Answers must be given as of date of delivery of applicant

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

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Ola Meta Warner

Case No. A-483

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Birmingham, 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) ____ (City) ____ (Village) Jerome (Township)

(c) Name of hospital or institution: farm - Jerome Twp.
(If not in hospital or institution give street number or location)

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

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

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

(d) Street No. ____

3. Full name of child: Warner (Surname) Ola (First) Meta (Middle)

4. Date of birth Aug. 18 1889 (Month) (Day) (Year)

5. Sex: Female

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

7. Number months of pregnancy: normal

8. Mother married? yes

FATHER OF CHILD

9. Full name: Warner (Surname) William (First) Henry (Middle)

10. Color or race: white — 11. Age at time of this birth: 38 yrs.

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

13. Usual occupation: farmer (time of birth)

14. Industry or business: Later yrs. Handward merchant

MOTHER OF CHILD

15. Full maiden name: Nash (Surname) Anna (First) Cecelia (Middle)

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

18. Birthplace: ____ (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? 7 7
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Doctor Gardner
Address Gay St. Plain City, Ohio
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly recorded; The correct first name is Ola and Not Oley as records now appear. *Your applicant hereby makes application for an order of the Court, directing* name to "Ola" the correction of her first, *as provided by law.*

Ola Meta Warner Schwallie *Applicant*

The State of Ohio, Michigan, Oakland **County.**

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

Ola Meta Warner Schwallie *Applicant*

P. O. Address 593 Pierce St. Birmingham, Mich.

Sworn to before me and signed in my presence this 8th *day of* April *19* 43.

(Seal)

Laura E. Kurth
Laura E. Kurth-Notary Public, Birmingham, Oakland County, Michigan
(Official Title)

AFFIDAVIT

In the Matter of ____
of ____

Probate Court, ____ County, Ohio

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

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

Attending Physician

P. O. Address ____

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

(Seal)

(Official Title)

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

I, Mary Hawley, 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 Hawley

P. O. Address 415 S. Deteart St. Kenton, Ohio

Sworn to before me and signed in my presence this 21st *day of* April *19* 43

(Seal)

G. R. Lighty
Notary Public
(Official Title)

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

I, Randy Warner, 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.*

Randy Warner

P. O. Address Columbus, Ohio

Sworn to before me and signed in my presence this 16th *day of* April *19* 43.

(Seal)

Hermann C. Koch
Notary Public
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Ola Meta Warner

April 27 *19* 43

Case No. A-483 ✓

ORDER FOR HEARING

This day Ola Meta Warner *appeared in open court and filed an application for the* correction of her birth record

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

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

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Ola Meta Warner

Probate Court, Union **County, Ohio**

April 27 *19* 43

Case No. A-483

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Ola Meta Warner Schwallie page 211.
for an order of The Court correcting her *birth record, as it is registered in the office of* Union County Probate Court, Volume 3/
The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts;
that notice of the hearing on said application has been dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Jerome (City) (Village) (Township)
(c) Name of hospital or institution: farm- Jerome Twp.
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

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

3. Full name of child: Warner (Surname) Ola (First) Meta (Middle)
4. Date of birth Aug. 16, 1889 (Month) (Day) (Year)
5. Sex: Female
6. Twin or triplet: single If so—born 1st, 2d, or 3d
7. Number months of pregnancy: 9
8. Mother married? yes

FATHER OF CHILD
9. Full name: Warner (Surname) William (First) Henry (Middle)
10. Color or race: white 11. Age at time of this birth: 38 yrs.
12. Birthplace: (City, town, or county) Pennsylvania (State or foreign country)
13. Usual occupation: farmer
14. Industry or business:

MOTHER OF CHILD
15. Full maiden name: Nash (Surname) Anna (First) Cecelia (Middle)
16. Color or race: white 17. Age at time of this birth: 33 yrs.
18. Birthplace: (City, town, or county) Ohio (State or foreign country)
19. Usual occupation: housewife
20. Industry or business:

21. Children born to this mother:
(a) How many other children of this mother are now living? 7
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name Dr. Gardner
Address Gay St., Plain City, Ohio
M. D., midwife, or other

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the first name be corrected from "Oley" as it now appears on record to "Ola".

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law. (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of
for an order of The Court directing the registration of *birth.*
, having personally examined the applicant in open court,
finds that the facts stated in the application are supported by
;
that notice of the hearing on said application has been; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County
(b) (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

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

3. Full name of child (Surname) (First) (Middle)
4. Date of birth (Month) (Day) (Year)
5. Sex
6. Twin or triplet If so—born 1st, 2d, or 3d
7. Number months of pregnancy
8. Mother married?

FATHER OF CHILD
9. Full name (Surname) (First) (Middle)
10. Color or race 11. Age at time of this birth yrs.
12. Birthplace (City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD
15. Full maiden name (Surname) (First) (Middle)
16. Color or race 17. Age at time of this birth yrs.
18. Birthplace (City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?
Answers must be given as of date of delivery of applicant

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

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

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record *of* Charles Earl Warner

Case No. A-486

APPLICATION

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

1. PLACE OF BIRTH:
(a) County Union
(b) Dover (City) (Village) (Township)
(c) Name of hospital or institution: at home (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 20 yrs (Specify whether years, months, or days)

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

3. Full name of child Warner (Surname) Charles (First) Earl (Middle)

4. Date of birth June 16, 1884 (Month) (Day) (Year)

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Warner (Surname) J. (First) B. (Middle)
10. Color or race white 11. Age at time of this birth ..... yrs.
12. Birthplace P (City, town, or county) Pennsylvania (State or foreign country)
13. Usual occupation farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name McKelvey (Surname) Matilda (First) (Middle)
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Dover, 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? 7
(b) How many other children were born alive but were then dead? 2
(c) How many children were born dead? 0

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

Answers must be given as of date of delivery of applicant

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

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

Charles Earl Warner *Applicant*

The State of 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 Earl Warner *Applicant*

P. O. Address Mt. Victory, Ohio

Sworn to before me and signed in my presence this 16th *day of* March *19* 43.

William L. Coleman
Notary Public (Official Title)

AFFIDAVIT

In the Matter of the correction of birth record *of* Charles Earl Warner

Probate Court, Union County, Ohio

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

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

Attending Physician

P. O. Address .....

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

(Official Title)

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

I, Asa 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.*

ASA Gibson

P. O. Address Marysville, Ohio RD#3

Sworn to before me and signed in my presence this 16th *day of* March *19* 43.

William L. Coleman
Notary Public (Official Title)

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

I, W. M. Herriott, *do hereby certify that 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. M. Herriott

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 16th *day of* March *19* 43.

William L. Coleman
Notary Public (Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of the birth record *of* Charles Earl Warner

March 16 19 43

Case No. 486

ORDER FOR HEARING

This day Charles Earl Warner *appeared in open court and filed an application for the* correction of his birth record

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

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

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Charles Earl Warner

Probate Court, Union **County, Ohio**

March 16 *19* 43

Case No. A-486

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Charles Earl Warner *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court, Union Co. Ohio *The Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by* The testimony of ASA Gibson and W.M. Herriott, persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Dover (City) (Village) (Township)
(c) Name of hospital or institution: at home (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 20 yrs (Specify whether years, months, or days)

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

3. Full name of child: Warner (Surname) Charles (First) Earl (Middle)
4. Date of birth 6/16/1884 (Month) (Day) (Year)
5. Sex: M.
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Warner (Surname) J. (First) B (Middle)
10. Color or race white 11. Age at time of this birth 33 yrs.
12. Birthplace ..... (City, town, or county) Pennsylvania (State or foreign country)
13. Usual occupation farmer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name McKelvey (Surname) Matilda (First) (Middle)
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Union County. (City, town, or county) Ohio (State or foreign country)
19. Usual occupation houseiwfe
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? 2
(c) How many children were born dead? 0
Answers must be given as of date of delivery of applicant

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

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

that his name appears on record as "Stanton Warner", although it should be Charles Earl Warner. as recorded in Vol.2, page 75.

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

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

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

..... *19* .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

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

....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* .....;

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

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

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

3. Full name of child ..... (Surname) (First) (Middle)
4. Date of birth ..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy .....
8. Mother married? .....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....
Answers must be given as of date of delivery of applicant

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

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

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Virgil Frank West

Case No. A-496

APPLICATION

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

1. PLACE OF BIRTH:
(a) County Union
(b) Rush Creek (City) Jackson (Township) (Village)
(c) Name of hospital or institution: ?
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ? In this community ?
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Rush Creek (City) Jackson (Township) (Village)
(d) Street No.

3. Full name of child West (Surname) Virgil (First) Frank (Middle)

4. Date of birth Feb. 10, 1902 (Month) (Day) (Year)

5. Sex M.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name West (Surname) Frank (First) (Middle)
10. Color or race white 11. Age at time of this birth ? yrs.
12. Birthplace ? (City, town, or county) ? (State or foreign country)
13. Usual occupation Musician
14. Industry or business entertainer

MOTHER OF CHILD

15. Full maiden name Davis (Surname) Ora (First) Izola (Middle)
16. Color or race white 17. Age at time of this birth 33 yrs.
18. Birthplace Rush Creek, Union Co. Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business none

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

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

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3, page 220 of the birth records of Union County, Ohio. The record now reads, Virgil Elon West, to his knowledge it should, to be correct, be changed to read Virgil Frank West.

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

Virgil Frank West *Applicant*

The State of Ohio, New York, Clinton **County.**

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

Virgil Frank West *Applicant*

P. O. Address Plattsburg Barracks, N. Y.

Sworn to before me and signed in my presence this 27th *day of* March *19* 43.

Aaron M. Scheier
Notary Public
(Official Title)

(Seal)

AFFIDAVIT

In the Matter of ...
of ...

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

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

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

Attending Physician

P. O. Address ...

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

(Official Title)

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

I, Richard Melvin Davis, brother of Ora Izola Davis, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Richard Melvin Davis

P. O. Address Mt. Vernon, O.

Sworn to before me and signed in my presence this 23 *day of* March *19* 43.

Rodger Sullivan
Notary Public
(Official Title)

(Seal)

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

I, Nora Ann Davis, sister-in-law of Ora Izola Davis, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Nora Ann Davis

P. O. Address Mt. Vernon, Ohio

Sworn to before me and signed in my presence this 23 *day of* March *19* 43.

Rodger Sullivan
Notary Public
(Official Title)

(Seal)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Virgil Frank West

March 30 *19* 43

Case No. A-496

ORDER FOR HEARING

This day Virgil Frank West *appeared in open court and filed an application for the* correction of his birth record

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

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

NOTICE OF HEARING RECORDED Page ...

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Virgil Frank West

Probate Court, Union **County, Ohio**

March 30 19 43

Case No. A-496

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Virgil Frank West *for an order of The Court correcting* his *birth record, as it is registered in the office of* this court, Volume 3, page 220. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of Richard Melvin Davis, and Nora Ann Davis, persons having knowledge of the facts, and documentary evidence; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Rush Creek (City) Jackson (Village) (Township)

(c) Name of hospital or institution: --

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

(d) Mother's stay before delivery:

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

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Rush Creek (City) Jackson (Village) (Township)

(d) Street No. .....

3. Full name of child: West (Surname) Virgil (First) Frank (Middle)

4. Date of birth: Feb. 10, 1902 (Month) (Day) (Year)

5. Sex: Male

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

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: West (Surname) Frank (First) (Middle)

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

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

13. Usual occupation: Musician

14. Industry or business: Entertainer

MOTHER OF CHILD

15. Full maiden name: Davis (Surname) Ora (First) Izola (Middle)

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

18. Birthplace: Rush Creek, Union Co. Ohio (City, town, or county) (State or foreign country)

19. Usual occupation: housewife

20. Industry or business: .....

22. Attending Physician or Midwife:

Name: unknown

Address: .....

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

21. Children born to this mother:

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

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

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the name of the applicant be corrected from "Virgil Elon West" as it appears in Vol. 3, page 220, to Virgil Frank West.

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

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

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

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

..... 19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

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

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

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) ..... (Village) ..... (Township)

(c) Name of hospital or institution: .....

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

(d) Mother's stay before delivery:

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

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) ..... (Village) ..... (Township)

(d) Street No. .....

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

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

5. Sex .....

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

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

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

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

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

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

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

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

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

19. Usual occupation .....

20. Industry or business .....

22. Attending Physician or Midwife:

Name .....

Address .....

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

21. Children born to this mother:

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

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

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

Answers must be given as of date of delivery of applicant

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

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Harold Carson McCampbell

Case No. A-497

APPLICATION

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

1. PLACE OF BIRTH:

(a) County Union

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

(c) Name of hospital or institution:
at home near No. Chillicothe St.
(If not in hospital or institution give street number or location)

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

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

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

(d) Street No. .....

3. Full name of child McCampbell (Surname) Harold (First) Carson (Middle)

4. Date of birth Feb. 21, 1895 (Month) (Day) (Year)

5. Sex: male

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

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name McCampbell, (Surname) Zenas (First) Calvin (Middle)

10. Color or race white 11. Age at time of this birth 31 yrs.

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

13. Usual occupation live stock dealer

14. Industry or business live stock dealer

MOTHER OF CHILD

15. Full maiden name Carson (Surname) Lulu (First) (Middle)

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

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

19. Usual occupation on farm (farmer's daughter)

20. Industry or business farming

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

22. Attending Physician or Midwife:
Name Dr. F. N. Mattoon
Address Plain City, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3, p. 135, No. 209 of the birth records of Union Co. Ohio in that said record is "McCampbell (not named)"

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

Harold Carson McCampbell *Applicant*

The State of Ohio, Michigan, Calhoun **County.**

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

Harold Carson McCampbell *Applicant*

P. O. Address Battle Creek, Michigan

Sworn to before me and signed in my presence this 1st *day of* April *19* 43

John W. LeFevre

(Seal) Notary Public, commission exp. Mar. 18, 1944
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

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

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

Attending Physician

P. O. Address .....

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

(Seal)
(Official Title)

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

I, Cephas Atkinson, 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.*

Cephas Atkinson

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 30th *day of* March *19* 43.

Hazel Noteman

(Seal) Notary Public
(Official Title)

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

I, Lank W. Cary, 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.*

Lank W. Cary

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 30th *day of* March *19* 43.

Hazel Noteman

(Seal) Notary Public
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Harold Carson McCampbell

April 2 *19* 43

Case No. A-497 ✓

ORDER FOR HEARING

This day Harold Carson McCampbell *appeared in open court and filed an application for the* correction of his birth record

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

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

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Harold Carson McCampbell

Probate Court, Union **County, Ohio**

April 2 *1943*

Case No. A-497

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Harold Carson McCampbell *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Court. Volume 3, page 135, No. 209. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of Cephas Atkinson and Lank W. Cary, persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

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

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

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

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

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

(d) Street No. .....

3. Full name of child McCampbell (Surname) Harold (First) Carson (Middle)

4. Date of birth Feb. 21, 1895 (Month) (Day) (Year)

5. Sex Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name McCampbell (Surname) Zenas (First) Calvin (Middle)

10. Color or race white 11. Age at time of this birth 31 yrs.

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

13. Usual occupation live stock dealer

14. Industry or business " " "

MOTHER OF CHILD

15. Full maiden name Carson (Surname) Lulu (First) (Middle)

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

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

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? 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. N. Mattoon
Address Plain City, Ohio

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

Answers must be given as of date of delivery of applicant

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

from "McCampbell (not named)" to be corrected to Harold Carson McCampbell.

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

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

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

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

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

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

....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* .....;

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

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

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

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

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

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

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

5. Sex .....

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

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

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

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

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

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

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

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

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

19. Usual occupation .....

20. Industry or business .....

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

22. Attending Physician or Midwife:
Name .....
Address .....

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

Answers must be given as of date of delivery of applicant

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

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Hugh Alfred Liggett

Case No. A-501

APPLICATION

Your applicant respectfully represents that he *was born in* Delaware *County, Ohio; that* he *now resides in* Milford Center, Ohio *; and that the 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
(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 1 yr.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Mill Creek
(City) (Village) (Township)

(d) Street No.

3. Full name of child Liggett (Surname) Hugh (First) Alfred (Middle)

4. Date of birth April 30, 1907 (Month) (Day) (Year)

5. Sex Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Liggett (Surname) T. (First) W. (Middle)

10. Color or race white — 11. Age at time of this birth 53 yrs.

12. Birthplace Delaware 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 Kent (Surname) Mollie (First) E. (Middle)

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

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

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

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

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has been improperly and incorrectly recorded in Vol.4, page 152 of the birth records of Delaware County, Ohio, that the said record reads "Hugh A. Liggett," which is incorrect and should read "Hugh Alfred Liggett."
Your applicant hereby makes application for an order of the Court, directing correction of his birth *, as provided by law.*

Hugh Alfred Liggett *Applicant*

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

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

Hugh Alfred Liggett *Applicant*

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 14th *day of* April *19* 43

Alnet Mayer

(Seal)

Alnet Mayer, Notary Public
(Official Title)

AFFIDAVIT

In the Matter of
of

Probate Court, **County, Ohio**

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

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

Attending Physician

P. O. Address

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

(Official Title)

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

I, Mollie E. Liggett, 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.*

Mollie E. Liggett

P. O. Address Magnetic Springs, Ohio

Sworn to before me and signed in my presence this 14th *day of* April *19* 43

Betty Geer

(Seal)

Deputy
(Official Title)

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

I, Nettie Ayres, 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.*

Nettie Ayres

P. O. Address Ostrander, Ohio

Sworn to before me and signed in my presence this 14th *day of* April *19* 43.

Betty Geer

(Seal)

Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of the birth record
of Hugh Alfred Liggett

April 14th *19* 43

Case No. A-501 ✓

ORDER FOR HEARING

This day Hugh Alfred Liggett *appeared in open court and filed an application for the* correction of his birth record

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

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

NOTICE OF HEARING RECORDED Page

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Hugh Alfred Liggett

Probate Court, Union **County, Ohio**

April 14th *19* 43

Case No. A-501

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Hugh Alfred Liggett *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court, Delaware County, Ohio. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* Mollie E. Liggett, mother of the applicant, and Nettie Ayres, two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) ____ (City) ____ (Village) Mill Creek (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 1 yr.

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ____ (City) ____ (Village) Mill Creek (Township)

(d) Street No. ____

3. Full name of child: Liggett (Surname) Hugh (First) Alfred (Middle)

4. Date of birth: April 30, 1907 (Month) (Day) (Year)

5. Sex: male

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

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Liggett (Surname) T. (First) W. (Middle)

10. Color or race: white 11. Age at time of this birth: 53 yrs.

12. Birthplace: Delaware 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: Kent (Surname) Mollie (First) E. (Middle)

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

18. Birthplace: Charlottesville (City, town, or county) Va. (State or foreign country)

19. Usual occupation: housewife

20. Industry or business: ____

21. Children born to this mother:

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

Address Bellepoint, Ohio

M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

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

That, the said record reads "Hugh A. Liggett," which is incorrect and should read "Hugh Alfred Liggett."

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law. (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ **County, Ohio**

19 ____

Case No. ____

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

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

(c) Name of hospital or institution: ____

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

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

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

(d) Street No. ____

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

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

5. Sex: ____

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

7. Number months of pregnancy: ____

8. Mother married? ____

FATHER OF CHILD

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

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

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

13. Usual occupation: ____

14. Industry or business: ____

MOTHER OF CHILD

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

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

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

19. Usual occupation: ____

20. Industry or business: ____

21. Children born to this mother:

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

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

(c) How many children were born dead? ____

22. Attending Physician or Midwife:

Name ____

Address ____

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

Answers must be given as of date of delivery of applicant

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

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Gail Newton Terry

Case No. A-504

APPLICATION

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

1. PLACE OF BIRTH:

(a) County Madison
(b) Pike Twp.
(City) (Village) (Township)
(c) Name of hospital or institution: none
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 3 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Madison
(c) Pike Twp.
(City) (Village) (Township)
(d) Street No. .....

3. Full name of child: Terry (Surname) Gail (First) Newton (Middle)

4. Date of birth 10-30-1899 (Month) (Day) (Year)

5. Sex: male

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

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Terry (Surname) Balam (First) (Middle)
10. Color or race: colored — 11. Age at time of this birth: 28 yrs.
12. Birthplace: Gallia County, O. (City, town, or county) (State or foreign country)
13. Usual occupation: Farming
14. Industry or business: .....

MOTHER OF CHILD

15. Full maiden name: Collins (Surname) Minnie (First) (Middle)
16. Color or race: colored — 17. Age at time of this birth: 15 yrs.
18. Birthplace: Gallia County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation: housewife
20. Industry or business: .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 1
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name: not known
Address: .....
M. D., midwife, or other: .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 2 page G-T of birth records of Madison County. Recorded Galon Terry. Should be Gail Newton Terry
Your applicant hereby makes application for an order of the Court, directing correction of name to Gail Newton Terry *, as provided by law.*

Gail Newton Terry *Applicant*

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

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

Gail Newton Terry *Applicant*

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 27th *day of* April *19* 43

Paul J. Shea

(Seal) Paul J. Shea, Notary Public
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

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

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

Attending Physician

P. O. Address .....

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

(Official Title)

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

I, Minnie Terry, 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 Terry

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 27th *day of* April *19* 43.

Paul J. Shea

(Seal) Notary Public
(Official Title)

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

I, Joseph Upchurch, friend 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.*

Joseph Upchurch

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 27th *day of* April *19* 43.

Paul J. Shea

(Seal) Notary Public
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Gail Newton Terry

May 1 *19* 43

Case No. A-504 ✓

ORDER FOR HEARING

This day Gail Newton Terry *appeared in open court and filed an application for the* correction of his birth record

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

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

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Gail Newton Terry

Probate Court, Union **County, Ohio**

May 1st 1943

Case No. A-504

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

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

1. PLACE OF BIRTH:

(a) County: Madison

(b) ____ (City) Pike Twp. (Village) ____ (Township)

(c) Name of hospital or institution: Pike Twp. Madison County, O. (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ____ In this community 3 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State: Ohio

(b) County: Madison

(c) ____ (City) Pike Twp. (Village) ____ (Township)

(d) Street No. ____

3. Full name of child: Terry (Surname) Gail (First) Newton (Middle)

4. Date of birth: Oct. 30, 1899 (Month) (Day) (Year)

5. Sex: Male

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

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Terry (Surname) Balam (First) ____ (Middle)

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

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

13. Usual occupation: Farming

14. Industry or business: ____

MOTHER OF CHILD

15. Full maiden name: Collins (Surname) Minnie (First) ____ (Middle)

16. Color or race: colored 17. Age at time of this birth: 15 yrs.

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

19. Usual occupation: housewife

20. Industry or business: ____

21. Children born to this mother:
(a) How many other children of this mother are now living? 1
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name: not known
Address: ____
M. D., midwife, or other: ____

Answers must be given as of date of delivery of applicant

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

Recorded, Galon Terry; should be Gail Newton Terry

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

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

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ **County, Ohio**

19____

Case No. ____

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____ ; *that notice of the hearing on said application has been* ____ ; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County

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

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

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

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

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

(d) Street No.

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

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

5. Sex

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

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

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

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

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

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

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

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

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

19. Usual occupation ____

20. Industry or business ____

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

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

Answers must be given as of date of delivery of applicant

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

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of Esther Lena Burns

Case No. A-505

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Toledo, 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, Ohio (City) (Village) (Township)
(c) Name of hospital or institution: none (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community life (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Darby Township (City) (Village) (Township)
(d) Street No. None

3. Full name of child Burns (Surname) Esther (First) Lena (Middle)

4. Date of birth 2/12/1896 (Month) (Day) (Year)

5. Sex: Female

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

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Burns (Surname) John (First) B. (Middle)
10. Color or race White — 11. Age at time of this birth 39 yrs.
12. Birthplace Paris Township, Union Co., O. (City, town, or county) (State or foreign country)
13. Usual occupation Farming
14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Scheiderer (Surname) Mary (First) Magdalena (Middle)
16. Color or race white — 17. Age at time of this birth 35 yrs.
18. Birthplace Paris Township, Union Co., Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business housewife

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

22. Attending Physician or Midwife:
Name Dr. McKune (deceased)
Address
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is incorrectly recorded in Vol. 3, p. 19, No. 38 that the sex should be female and the name should be changed from Lester Burns to Esther Lena Burns.
Your applicant hereby makes application for an order of the Court, directing correction of her birth record *as provided by law.*

Esther L. Burns (Chumbley) *Applicant*

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 L. Burns (Chumbley) *Applicant*

P. O. Address 3519 Detroit Ave. Toledo, Ohio

Sworn to before me and signed in my presence this 24th *day of* April *19*43.

William J. Porter

(Seal) William J. Porter, Notary Public, State of Ohio. Commission expires Jan. 16th, 1945 (Official Title)

AFFIDAVIT

In the Matter of ....
of ....

Probate Court, ... County, Ohio

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

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

..... *Attending Physician*

P. O. Address .....

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

..... (Official Title)

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

I, Flora Knotts, 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.*

Flora Knotts

P. O. Address 320 Mound St., Marysville, Ohio

Sworn to before me and signed in my presence this 24th *day of* April *19*43.

William J. Porter

(Seal) Notary Public (Official Title)

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

I, Anna Burns, 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 Burns

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

Sworn to before me and signed in my presence this 24th *day of* April *19*43.

William J. Porter

(Seal) Notary Public (Official Title)

Probate Court, Union County, Ohio

In the Matter of the Correction of birth record
of Esther Lena Burns

April 24 *19*43

Case No. A-505

ORDER FOR HEARING

This day Esther Lena Burns *appeared in open court and filed an application for the* correction of her birth record

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

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

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Esther Lena Burns

Probate Court, Union **County, Ohio**

April 24th *19* 43

Case No. A-505

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

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

1. PLACE OF BIRTH:

(a) County: Union

(b): Darby Township, Ohio (City) (Village) (Township)

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

(d) Mother's stay before delivery:

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

2. USUAL RESIDENCE OF MOTHER:

(a) State: Ohio

(b) County: Union

(c): Darby Township (City) (Village) (Township)

(d) Street No.: None

3. Full name of child: Burns (Surname) Esther (First) Lena (Middle)

4. Date of birth: 2/ 12/ 1896 (Month) (Day) (Year)

5. Sex: Female

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

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Burns (Surname) John (First) B. (Middle)

10. Color or race: white 11. Age at time of this birth: 39 yrs.

12. Birthplace: Paris Township, Union Co., O. (City, town, or county) (State or foreign country)

13. Usual occupation: Farming

14. Industry or business: Farming

MOTHER OF CHILD

15. Full maiden name: Scheiderer (Surname) Mary (First) Magdalena (Middle)

16. Color or race: white 17. Age at time of this birth: 35 yrs.

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

19. Usual occupation: housewife

20. Industry or business: housewife

21. Children born to this mother: four

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

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

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name: Dr. McKinne (deceased)

Address:

M. D., midwife, or other:

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

That the sex should be female and the name should be changed from Lester Burns to Esther Lena Burns.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law. (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of *for an order of The Court directing the registration of* *birth.*, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by*; *that notice of the hearing on said application has been*; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County

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

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

(d) Mother's stay before delivery:

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

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

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

(d) Street No.

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

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

5. Sex

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

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

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

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

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

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

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

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

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

19. Usual occupation

20. Industry or business

21. Children born to this mother:

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

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

(c) How many children were born dead?

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name

Address

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

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

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of Luriee Alexander

Case No. A-507

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 942 E. Center Street, Marion, Ohio *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Marysville (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 no In this community 24 yr.
(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 Alexander (Surname) Luriee (First) (Middle)
4. Date of birth July 2, 1900 (Month) (Day) (Year)
5. Sex female
6. Twin or triplet no If so—born 1st, 2d, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Alexander (Surname) Thomas (First) J. (Middle)
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation painter
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Kline (Surname) Lulu (First) (Middle)
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

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

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Volume 3, page 5 of the Record of Births, Union County, Ohio. That said record reads "Lurice Alexander" which is incorrect and should read "Luriee Alexander." ***

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

Luriee Alexander Knight *Applicant*

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

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

Luriee Alexander Knight *Applicant*

P. O. Address 492 E. Center St., Marion, Ohio

Sworn to before me and signed in my presence this 30th *day of* April *19* 43.

M. O. Brannon
(Seal) Notary Public
(Official Title)

AFFIDAVIT

In the Matter of
of

Probate Court, County, Ohio

The State of Ohio, County, ss.

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

Attending Physician

P. O. Address

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

(Official Title)

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

I, Thomas J. Alexander, 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 J. Alexander

P. O. Address 2074 E. 100th Ave. Cleveland, Ohio

Sworn to before me and signed in my presence this 3rd *day of* May *19* 43.

Alnet Mayer
(Seal) Alnet Mayer, Notary Public
(Official Title)

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

I, Lulu Alexander, 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.*

Lulu M. Alexander

P. O. Address 2074 E. 100th St. Cleveland, Ohio

Sworn to before me and signed in my presence this 3rd *day of* May *19* 43.

Alnet Mayer
(Seal) Alnet Mayer, Notary Public
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Luriee Alexander

May 4th *19* 43

Case No. A-507

ORDER FOR HEARING

This day Luriee Alexander *appeared in open court and filed an application for the* correction of her birth record

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

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

NOTICE OF HEARING RECORDED Page

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Luriee Alexander

Probate Court, Union **County, Ohio**

May 4th *19*43

Case No. A-507

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Luriee Alexander *for an order of The Court correcting* her *birth record, as it is registered in the office of* the Probate Court, Union County, Ohio. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of Thomas J. Alexander, father, and Lulu Alexander, mother, two persons having knowledge of the facts *that notice of the hearing on said application has been* dispensedewith *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Marysville (City) (Village) (Township)
(c) Name of hospital or institution: no (if not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution no In this community 24 yrs. (Specify whether years, months, or days)

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

3. Full name of child Alexander (Surname) Luriee (First) (Middle)

4. Date of birth July 2, 1900 (Month) (Day) (Year)

5. Sex female

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD
9. Full name Alexander (Surname) Thomas (First) J. (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 painter
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Kline (Surname) Lulu (First) (Middle)
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living? 2
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none
Answers must be given as of date of delivery of applicant

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

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

That, said record reads "Lurice Alexander," which is incorrect and should read "Luriee Alexander."

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

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

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

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

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

1. PLACE OF BIRTH:
(a) County
(b) (City) (Village) (Township)
(c) Name of hospital or institution: (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution In this community (Specify whether years, months, or days)

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

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

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

5. Sex

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

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD
9. Full name (Surname) (First) (Middle)
10. Color or race 11. Age at time of this birth yrs.
12. Birthplace (City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD
15. Full maiden name (Surname) (First) (Middle)
16. Color or race 17. Age at time of this birth yrs.
18. Birthplace (City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?
Answers must be given as of date of delivery of applicant

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

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

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Beatrice Alexander

Case No. A-508

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 2074 E.100th St., Cleveland, *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union
(b) Marysville (City) (Village) (Township)
(c) Name of hospital or institution: no (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution no In this community 19 y. (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 Alexander (Surname) Beatrice (First) (Middle)

4. Date of birth August 19, 1895 (Month) (Day) (Year)

5. Sex: female

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

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Alexander (Surname) Thos. (First) (Middle)
10. Color or race white 11. Age at time of this birth 23 yrs.
12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation painter
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Kline (Surname) Lulu (First) (Middle)
16. Color or race white 17. Age at time of this birth 19 yrs.
18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business

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

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

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Volume 3, page 3, of the Record of Births, Union County, Ohio. That said record reads "July 22nd.,1895" which is incorrect and should read "August 19,1895." ** **

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

Beatrice Alexander Edson *Applicant*

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

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

Beatrice Alexander Edson *Applicant*

P. O. Address 2074 E.100th St. Cleveland

Sworn to before me and signed in my presence this 30th *day of* April *19* 43.

M. O. Brannon

(Seal)

Notary Public (Official Title)

AFFIDAVIT

In the Matter of
of

Probate Court, **County, Ohio**

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

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

Attending Physician

P. O. Address

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

(Official Title)

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

I, Thos. Alexander, 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.*

Thos. Alexander

P. O. Address 2074 E.100th St. Cleveland, Ohio

Sworn to before me and signed in my presence this 3rd *day of* May *19* 43.

Alnet Mayer

(Seal)

Alnet Mayer, Notary Public (Official Title)

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

I, Lulu Alexander, 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.*

Lulu M. Alexander

P. O. Address 2074 E.100th St. Cleveland, Ohio

Sworn to before me and signed in my presence this 3rd *day of* May *19* 43.

Alnet Mayer

(Seal)

Alnet Mayer, Notary Public (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of the birth record
of Beatrice Alexander

May 4th *19* 43

Case No. A-508

ORDER FOR HEARING

This day Beatrice Alexander *appeared in open court and filed an application for the* correction of the birth record

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

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

NOTICE OF HEARING RECORDED Page

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Beatrice Alexander

Probate Court, Union **County, Ohio**

May 4th 1943

Case No. A-508

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

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

1. PLACE OF BIRTH:

(a) County Union

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

(c) Name of hospital or institution: none

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

(d) Mother's stay before delivery:

In hospital or institution no In this community 19 yr.

(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 Alexander (Surname) Beatrice (First) (Middle)

4. Date of birth August 19, 1895 (Month) (Day) (Year)

5. Sex female

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Alexander (Surname) Thos. (First) (Middle)

10. Color or race white 11. Age at time of this birth 23 yrs.

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

13. Usual occupation painter

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Kline (Surname) Lulu (First) (Middle)

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

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

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother:

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

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

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. John Q. Southard

Address Marysville, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

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

That, said record reads "July 22nd., 1895," wnicn is incorrect and snould read "August 19, 1895."

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law. (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

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

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

, having personally examined the applicant in open court, finds that the facts stated in the application are supported by

;

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

1. PLACE OF BIRTH:

(a) County

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

(c) Name of hospital or institution:

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

(d) Mother's stay before delivery:

In hospital or institution In this community

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

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

(d) Street No.

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

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

5. Sex

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

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

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

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

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

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

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

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

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

19. Usual occupation

20. Industry or business

22. Attending Physician or Midwife:

Name

Address

21. Children born to this mother:

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

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

(c) How many children were born dead?

M. D., midwife, or other Date signed

Answers must be given as of date of delivery of applicant

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

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the correction of the Birth Record

of Marguerite Alexander

Case No. A-509

APPLICATION

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

1. PLACE OF BIRTH:

(a) County Union

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

(c) Name of hospital or institution: no (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 28 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

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

(d) Street No. .....

3. Full name of child Alexander (Surname) Marguerite (First) (Middle)

4. Date of birth January 21, 1904 (Month) (Day) (Year)

5. Sex female

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Alexander (Surname) Thomas (First) (Middle)

10. Color or race white 11. Age at time of this birth 32 yrs.

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

13. Usual occupation painter

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Kline (Surname) Lulu (First) M. (Middle)

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

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

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 4

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

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. John Q. Southard

Address Marysville, OHio

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

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Vol. 3, p. 6, of the Record of Births of Union County, Ohio. That said record reads "Margaret Alexander" which is incorrect and should read "Marguerite Alexander." Also, reads "June 21, 1904" which should read ~~"January 21, 1904."~~ "Marguerite Alexander Thorne." ***

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

Marguerite Alexander Thorne *Applicant*

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.*

Marguerite Alexander Thorne *Applicant*

P. O. Address Northfield, Ohio

Sworn to before me and signed in my presence this 30th *day of* April *19* 43.

M. O. Brannon

(Seal) Notary Public (Official Title)

AFFIDAVIT

In the Matter of .....

of .....

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

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

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

Attending Physician

P. O. Address .....

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

(Official Title)

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

I, Thomas Alexander, 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 Alexander

P. O. Address 2074 E. 100th St. Cleveland, Ohio

Sworn to before me and signed in my presence this 3rd *day of* May *19* 43.

Alnet Mayer

(Seal) Alnet Mayer, Notary Public (Official Title)

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

I, Lulu Alexander, 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.*

Lulu M. Alexander

P. O. Address 2074 E. 100th St. Cleveland, Ohio

Sworn to before me and signed in my presence this 3rd *day of* May *19* 43.

Alnet Mayer

(Seal) Alnet Mayer, Notary Public (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of the birth record

of Marguerite Alexander

May 4th *19* 43

Case No. A-509 ✓

ORDER FOR HEARING

This day Marguerite Alexander *appeared in open court and filed an application for the* correction of her birth record

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

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

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Marguerite Alexander

Probate Court, Union **County, Ohio**

May 4th *19*43

Case No. A-509

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

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

1. PLACE OF BIRTH:

(a) County Union

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

(c) Name of hospital or institution: no

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

(d) Mother's stay before delivery:
In hospital or institution no In this community 28 yr.
(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 Alexander (Surname) Marguerite (First) (Middle)

4. Date of birth January 21, 1904 (Month) (Day) (Year)

5. Sex female

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Alexander (Surname) Thomas (First) (Middle)

10. Color or race white 11. Age at time of this birth 32 yrs.

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

13. Usual occupation painter

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Kline (Surname) Lulu (First) M. (Middle)

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

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

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living? 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. John Q. Southard
Address Marysville, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That, said record reads, "Margaret Alexander", which is incorrect, and should read "Marguerite Alexander". Also, reads "June 21, 1904," which should read "January 21, 1904."

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

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

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

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

, having personally examined the applicant in open court, finds that the facts stated in the application are supported by

;

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

1. PLACE OF BIRTH:

(a) County

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

(c) Name of hospital or institution:

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

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

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

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

(d) Street No.

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

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

5. Sex

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

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

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

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

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

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

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

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

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

19. Usual occupation

20. Industry or business

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

22. Attending Physician or Midwife:
Name
Address

M. D., midwife, or other Date signed

Answers must be given as of date of delivery of applicant

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

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Frederick Blemont Donohoe

Case No. A-511

APPLICATION

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

1. PLACE OF BIRTH:

(a) County Union
(b) Peoria, Ohio (City) (Village) (Township)
(c) Name of hospital or institution: at home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 22 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Liberty (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Donohoe (Surname) Frederick (First) Blemont (Middle)

4. Date of birth 11/12/1877 (Month) (Day) (Year)

5. Sex M.

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Donohoe (Surname) J. (First) M. (Middle)
10. Color or race white 11. Age at time of this birth 32 yrs.
12. Birthplace Ross County, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Salesman
14. Industry or business Buggy & Implement Co.

MOTHER OF CHILD

15. Full maiden name Shirk (Surname) Matilda (First) (Middle)
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

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

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

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his birth *has not been correctly recorded*
Your applicant hereby makes application for an order of the Court, directing correction of the record *, as provided by law.*

Frederick Blemont Donohoe *Applicant*

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

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

Frederick Blemont Donohoe *Applicant*
P. O. Address 146 Elwood Ave. Marysville, Ohio

Sworn to before me and signed in my presence this 14 *day of* May *19* 43.

William L. Coleman
Notary Public
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

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

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

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

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

(Official Title)

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

I, George Singer, *do hereby certify that 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 Singer
P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 14th *day of* May *19* 43

Carrie W. Hornbeck
Deputy
(Official Title)

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

I, George Schlegel, *do hereby certify that 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 14th *day of* May *19* 43

Carrie W. Horhbeck
Deputy
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of Frederick Blemont Donohoe

May 14th *19* 43

Case No. A-511

ORDER FOR HEARING

This day Frederick Blemont Donohoe *appeared in open court and filed an application for the* correction of his birth recird

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

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

John W. Dailey *Probate Judge.*

NOTICE OF HEARING RECORDED Page .....

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Frederick Blemont Donohoe

Probate Court, Union **County, Ohio**

May 14th 1943

Case No. A-511

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Frederick Blemont Donohoe *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court, Union County, O. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits George Singer and George Schlegel, persons having knowledge of the facts ; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Peoria, (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 22 yrs
(Specify whether years, months, or days)

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

3. Full name of child Donohoe (Surname) Frederick (First) Blemont (Middle)
4. Date of birth 11/12/1877 (Month) (Day) (Year)
5. Sex Male
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Donohoe (Surname) J. (First) M. (Middle)
10. Color or race white 11. Age at time of this birth 32 yrs.
12. Birthplace Ross County, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Salesman
14. Industry or business Buggy & Implement Co.

MOTHER OF CHILD
15. Full maiden name Shirk (Surname) Matilda (First) (Middle)
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living? 1
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0
Answers must be given as of date of delivery of applicant

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

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

correction of birth record from Clement Donohoe to Frederick Blemont Donohoe .

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

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

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

..... *19*.....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

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

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

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution: .....
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

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

3. Full name of child ..... (Surname) (First) (Middle)
4. Date of birth ..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married? .....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....
Answers must be given as of date of delivery of applicant

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

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

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of Arthur Lewis Biggs

Case No. A-512

APPLICATION

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

1. PLACE OF BIRTH:

(a) County Union
(b) Washington (City) (Village) (Township)
(c) Name of hospital or institution: 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 .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Washington (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Biggs (Surname) Arthur (First) Lewis (Middle)

4. Date of birth Nov. 15, 1880 (Month) (Day) (Year)

5. Sex: Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Biggs (Surname) Henry (First) (Middle)
10. Color or race white 11. Age at time of this birth 39 yrs.
12. Birthplace Union (City, town, or county) Ohio (State or foreign country)
13. Usual occupation farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Lingrell (Surname) Nancy (First) (Middle)
16. Color or race white 17. Age at time of this birth 41 yrs.
18. Birthplace Union (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother before this birth: 4
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? .....
(c) How many children were born dead? 2

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

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol 2 page 47 No. 455 of the birth records of Union County, Ohio.
Your applicant hereby makes application for an order of the Court, directing the correction of birth record *as provided by law.*

Arthur Lewis Biggs *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.*

Arthur Lewis Biggs *Applicant*

P. O. Address 6314 Dorchester Ave., Chicago, Ill.

Sworn to before me and signed in my presence this 12th *day of* May *19* 43

E. Hector Coates

(Seal)

notary public
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

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

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

Attending Physician

P. O. Address .....

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

(Official Title)

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

I, Mary Godwin, 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.*

Mary Godwin

P. O. Address Ridgeway, Ohio

Sworn to before me and signed in my presence this 14th *day of* May *19* 43.

Joseph E. Lady

(Seal)

Notary Public, Hardin Co. Ohio
(Official Title)

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

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

Joseph Biggs

P. O. Address Findlay, Ohio

Sworn to before me and signed in my presence this 15 *day of* May *19* 43.

C. C. Holliger

(Seal)

Notary Public
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Correction of the birth
of Arthur Lewis Biggs

May 18 *19* 43

Case No. A-512

ORDER FOR HEARING

This day Arthur Lewis Biggs *appeared in open court and filed an application for the* correction of his birth

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

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

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Arthur Lewis Biggs

Probate Court, Union **County, Ohio**

May 18 19 43

Case No. A-512

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Arthur Lewis Biggs *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court, Union County, Ohio, in Vol. 2 page 47 No. 455. *The Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by* affidavits of Mary Godwin and Joseph Biggs, two credible persons, ; *that notice of the hearing on said application has been* dispensed with ; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Washington Twp. (City) (Village) (Township)

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

(d) Mother's stay before delivery:

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

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

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

(d) Street No. .....

3. Full name of child Biggs (Surname) Arthur (First) Lewis (Middle)

4. Date of birth Nov. 15, 1880 (Month) (Day) (Year)

5. Sex Male

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

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Biggs (Surname) Henry (First) (Middle)

10. Color or race white 11. Age at time of this birth 39 yrs.

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

13. Usual occupation farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Lingrell (Surname) Nancy (First) (Middle)

16. Color or race white 17. Age at time of this birth 41 yrs.

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

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother:

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

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

(c) How many children were born dead? 2

22. Attending Physician or Midwife:

Name .....

Address .....

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

Answers must be given as of date of delivery of applicant

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

Name from Louis J. Biggs to Arthur Lewis Biggs; Date of birth from Dec. 18, 1881 to Nov. 15, 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.

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

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

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

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.* ....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... ; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

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

(d) Mother's stay before delivery:

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

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

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

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

5. Sex .....

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

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

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

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

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

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

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

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

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

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:

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

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

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

22. Attending Physician or Midwife:

Name .....

Address .....

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

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of the birth *of* Royal Brookins Winter

Case No. A-514

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Great Lakes, Ill. *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) (Village) (Township)

(c) Name of hospital or institution: at home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ..... In this community 11 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. 112 West Ottawa St.,

3. Full name of child: Winter (Surname) Royal (First) Brookins (Middle)

4. Date of birth Nov. 10, 1901 (Month) (Day) (Year)

5. Sex: M.

6. Twin or triplet: Single

If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Winter (Surname) Lloyd (First) -- (Middle)

10. Color or race: white 11. Age at time of this birth: 30 yrs.

12. Birthplace: Liberty Twp. Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation: Funeral Director

14. Industry or business: Funeral Director

MOTHER OF CHILD

15. Full maiden name: Cratty (Surname) Mina (First) -- (Middle)

16. Color or race: white 17. Age at time of this birth: 32 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? 1

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name: Dr. W. B. Duke (Deceased)

Address: Richwood, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3, page 219 of the Birth Records of Union County, Ohio, in that the record now reflects "Royal B. Winter" and it should be Royal Brookins Winter, and it further reflects the date as "SEpt. 10, 1901, and it should be Nov. 10 1901.

Your applicant hereby makes application for an order of the Court, directing the correction of his birth, as provided by law.

Royal Brookins Winter *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.*

Royal Brookins Winter *Applicant*

P. O. Address Great Lakes, Ill.

Sworn to before me and signed in my presence this 15 *day of* May *19* 43.

Andrew A. Kennedy

Lt. Comd. (mc) V (s) U.S.N.R.

(Official Title)

AFFIDAVIT

In the Matter of ..... *of* .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....

.....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Mina Winter, 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.*

Mina Winter

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 25 *day of* May *19* 43.

Carrie W. Hornbeck

(Seal) Deputy

(Official Title)

The State of Ohio, Union **County, ss.**

I, Lloyd Winter, 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.*

Lloyd Winter

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 25 *day of* May *19* 43.

Carrie W. Hornbeck

(Seal) Deputy

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record *of* Royal Brookins Winter

May 25 *19* 43

Case No. A-514

ORDER FOR HEARING

This day Royal Brookins Winter *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Royal Brookins Winter

Probate Court, Union **County, Ohio**

May 25 *19* 43

Case No. A-514

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Royal Brookins Winter *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Court, Volume 3, page 219. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavit of the applicant and the testimony of Lloyd Winter and Mina Winter, two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) (Village) (Township)

(c) Name of hospital or institution: at home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 11yrs. (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. 112 West Ottawa St.

3. Full name of child: Winter (Surname) Royal (First) Brookins (Middle)

4. Date of birth Nov. 10, 1901 (Month) (Day) (Year)

5. Sex: M.

6. Twin or triplet: Single If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Winter (Surname) Lloyd (First) -- (Middle)

10. Color or race: white 11. Age at time of this birth: 30 yrs.

12. Birthplace: Liberty Twp. Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation: Funeral Director

14. Industry or business: Funeral Director

MOTHER OF CHILD

15. Full maiden name: Cratty (Surname) Mina (First) -- (Middle)

16. Color or race: white 17. Age at time of this birth: 32 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:

(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. B. Duke

Address Richwood, Ohio

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

that the name of the applicant be corrected from "Royal B. Winter" to Royal Brookins Winter, and that the date of birth be corrected from September 10, 1901, to November 10, 1901.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law. (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of.....

Probate Court,..... **County, Ohio**

19.....

Case No......

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of..... *for an order of The Court directing the registration of*..... *birth.*

....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by*.....; *that notice of the hearing on said application has been*.....; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No.....

3. Full name of child..... (Surname) (First) (Middle)

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name..... (Surname) (First) (Middle)

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace..... (City, town, or county) (State or foreign country)

13. Usual occupation.....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... (Surname) (First) (Middle)

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace..... (City, town, or county) (State or foreign country)

19. Usual occupation.....

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

22. Attending Physician or Midwife:

Name .....

Address .....

M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth

of Helen Louise Mullen

Case No. A-517

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Coral Gables, Dade Co. Florida, *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) Paris (Township) (Village)

(c) Name of hospital or institution: 222 East 6th Street

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 6 Mo.

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) Paris (Township) (Village)

(d) Street No. 222 East 6th Street

3. Full name of child Mullen (Surname) Helen (First) Louise (Middle)

4. Date of birth 9/26/1897 (Month) (Day) (Year)

5. Sex F.

6. Twin or triplet no

If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Mullen, (Surname) Edward (First) Arthur (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Marysville, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Bookkeeper

14. Industry or business Livery Stable

MOTHER OF CHILD

15. Full maiden name Wood, (Surname) Eunice (First) Francoeur (Middle)

16. Color or race white 17. Age at time of this birth 28 yrs.

18. Birthplace Wrentham, (City, town, or county) Massachusetts (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 A. B. Swisher, M. D.

Address Marysville, Ohio

M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of 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 Louise Mullen Holley *Applicant*

The State of Ohio, ~~XX~~ Florida, Dade **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Helen Louise Mullen Holley *Applicant*

P. O. Address 611 N. Greenway Drive, Coral Gables, Florida

Sworn to before me and signed in my presence this 1st *day of* June *19* 43.

Aura Wallace

(Notary Seal) My com. expires-Aug. 24, 1946

(Official Title)

AFFIDAVIT

In the Matter of ..... **Probate Court,** ..... **County, Ohio**

of .....

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, C. A. Hoopes, 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.*

C. A. Hoopes

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 13 *day of* July *19* 43.

John W. Dailey

(Seal) Probate Judge

(Official Title)

The State of Ohio, Union **County, ss.**

I, Carrie W. 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.*

Carrie W. Hornbeck

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 13 *day of* July *19* 43

John W. Dailey

(Seal) Probate Judge

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth

of Helen Louise Mullen

June 15 *19* 43

Case No. A-517

ORDER FOR HEARING

This day Helen Louise Mullen Holley *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 W. L. Gray, Jr. Ingraham Bldg. Miami Fla. *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ... U ..... **County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... (Surname) (First) (Middle)
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... (Surname) (First) (Middle)
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

(For Deposition, see page 561)

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Helen Louise Mullen

Probate Court, Union **County, Ohio**

July 13 *19* 43

Case No. A-517

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Helen Louise Mullen Holley
for an order of The Court directing the registration of her *birth.*
W.L. Gray, Jr., 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 C. A. Hoopes and Carrie W. Hornbeck, two credible witnesses;
that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Marysville (City) Paris (Township)
(c) Name of hospital or institution:
222 East 6th Street (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 6 Mo. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville (City) Paris (Township)
(d) Street No. 222 East 6th Street

3. Full name of child Mullen (Surname) Helen (First) Louise (Middle)
4. Date of birth Sept. 26, 1897 (Month) (Day) (Year)
5. Sex F.
6. Twin or triplet no If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Mullen, (Surname) Edward (First) Arthur (Middle)
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Marysville, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Bookkeeper
14. Industry or business Livery Stable

MOTHER OF CHILD
15. Full maiden name Wood, (Surname) Eunice (First) Francoeur (Middle)
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Wrentham, (City, town, or county) Massachusetts (State or foreign country)
19. Usual occupation Housewife
20. Industry or business --

21. Children born to this mother:
(a) How many other children of this mother are now living? None
(b) How many other children were born alive but are now dead? None
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name A. B. Swisher, M. D.
Address Marysville, Ohio
.....
M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal)

John W. Dailey *Probate Judge.*

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Clarence Clell Hanawalt

Case No. A-519

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 581 Wilshire Rd. 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) Millcreek 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 .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Millcreek Township
(City) (Village) (Township)

(d) Street No. .....

3. Full name of child Hanawalt (Surname) Clarence (First) Clell (Middle)

4. Date of birth June 29, 1904 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hanawalt (Surname) George (First) (Middle)

10. Color or race white — 11. Age at time of this birth 51 yrs.

12. Birthplace Millcreek Township (City, town, or county), Union County, O. (State or foreign country)

13. Usual occupation Farmer

14. Industry or business same

MOTHER OF CHILD

15. Full maiden name Baughman (Surname) Esther (First) A. (Middle)

16. Color or race white — 17. Age at time of this birth 51 yrs.

18. Birthplace Dover Township, Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business same

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 9
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Shields
Address Watkins, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3, page 87 of the birth records of Union County, Ohio. Name should be changed from ** *Your applicant hereby makes application for an order of the Court, directing* correction of his birth record, *as provided by law.*

** Clarence Hanawalt to Clarence Clell Hanawalt and mother's name changed from Ester A. Baughman to Esther A. Baughman.

Clarence Clell Hanawalt *Applicant*

The State of 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 Clell Hanawalt *Applicant*

P. O. Address Columbus, Ohio

Sworn to before me and signed in my presence this 19th *day of* June *19* 43.

William L. Coleman,

(Seal) Notary Public, State of Ohio
(Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Myrtle H. Kilgore, sister, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Myrtle H. Kilgore

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 19th *day of* June *19* 43

William L. Coleman

(Seal) Notary Public, State of Ohio
(Official Title)

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 118 W. 6th St., Marysville, Ohio

Sworn to before me and signed in my presence this 19th *day of* June *19* 43.

William L. Coleman

(Seal) Notary Public, State of Ohio
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Clarence Clell Hanawalt

June 19 *19* 43

Case No. A-519

ORDER FOR HEARING

This day Clarence Clell Hanawalt *appeared in open court and filed an application for the* correction of birth

It is ordered that hearing on said application be had forthwith, notice dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Clarence Clell Hanawalt

Probate Court, Union **County, Ohio**

June 19 1943

Case No. A-519

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Clarence Clell Hanawalt *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court, Union County, Ohio *The Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts ; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union County

(b) Millcreek 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 lifetime (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Millcreek Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Hanawalt (Surname) Clarence (First) Clell (Middle)

4. Date of birth June 29, 1894 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet single If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hanawalt (Surname) George (First) (Middle)

10. Color or race White 11. Age at time of this birth 51 yrs.

12. Birthplace Millcreek Township, (City, town, or county) Union Co. Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business same

MOTHER OF CHILD

15. Full maiden name Baughman (Surname) Esther (First) A. (Middle)

16. Color or race white 17. Age at time of this birth 51 yrs.

18. Birthplace Dover Township, (City, town, or county) Union County, Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business same

21. Children born to this mother:

(a) How many other children of this mother are now living? 9

(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. Shields

Address Watkins, Ohio

M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

name should be changed from Clarence Hanawalt to Clarence Clell Hanawalt and mother's name changed from Ester A. Baughman to Esther A. Baughman. "Birth Record 3 page 87, Union County, Ohio"

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, **County, Ohio**

19.....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.* ....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? .....

(b) How many other children were born alive but are now dead? .....

(c) How many children were born dead? .....

22. Attending Physician or Midwife:

Name .....

Address .....

M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Correction of birth record

of Otto George Michaels

Case No. A-520

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris 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 15 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Paris Township
(City) (Village) (Township)

(d) Street No. .....

3. Full name of child Michaels (Surname) Otto (First) George (Middle)

4. Date of birth 7/9/1906 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Michaels (Surname) Charles (First) Henry (Middle)

10. Color or race white 11. Age at time of this birth 44 yrs.

12. Birthplace Washington County, Ohio
(City, town, or county) (State or foreign country)

13. Usual occupation Farming

14. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 5
(b) How many other children were born alive but were then dead? 1
(c) How many children were born dead? 0

MOTHER OF CHILD

15. Full maiden name Doellinger (Surname) Katherine (First) (Middle)

16. Color or race white 17. Age at time of this birth 37 yrs.

18. Birthplace Union County, Ohio
(City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

22. Attending Physician or Midwife:
Name Dr. Trell Henderson
Address .....
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* was incorrectly recorded due to the fact the applicant and his witnesses testified the name of the applicant to be George Otto when as a matter of fact his correct name of Otto George.

Your applicant hereby makes application for an order of the Court, directing correction of birth record *, as provided by law.*

Otto George Michaels *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Otto George Michaels *Applicant*

P. O. Address 337 Sycamore St. Marysville, Ohio

Sworn to before me and signed in my presence this 22 *day of* June *19*43.

Apollonia Hayworth

(Seal)

Notary Public, Union Co. Ohio
(Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

(Official Title)

The State of Ohio, Union **County, ss.**

I, J. C. Michaels, brother *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

J. C. Michaels

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 19th *day of* April *19*43.

Apollonia Hayworth

(Seal)

Notary Public, Union County, Ohio
(Official Title) my com. exp. Sept. 21, 1945

The State of Ohio, Union **County, ss.**

I, Clarence N. Brown, 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.*

Clarence N. Brown

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 22 *day of* June *19*43.

Carrie W. Hornbeck

(Seal)

Deputy
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record

of Otto George Michaels

June 22nd *19*43

Case No. A-520

ORDER FOR HEARING

This day Otto George Michaels *appeared in open court and filed an application for the* correction of name

It is ordered that hearing on said application be had forthwith.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John ". Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Otto George Michaels

Probate Court, Union **County, Ohio**

June 22 19 43

Case No. A-520

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Otto George Michaels *for an order of The Court correcting* his *birth record, as it is registered in the office of* Union County Probate Court, Birth Record Registration and Correction Vol. 1, page 409. *The Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of J. C. Michaels, his brother, and Clarence N. Brown, two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Paris 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 15 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Paris Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Michaels (Surname) Otto (First) George (Middle)
4. Date of birth 7/9/1906 (Month) (Day) (Year)
5. Sex male
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Michaels, (Surname) Charles (First) Henry (Middle)
10. Color or race white 11. Age at time of this birth 44 yrs.
12. Birthplace Washington County, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farming
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Doellinger (Surname) Katherine (First) (Middle)
16. Color or race white 17. Age at time of this birth 37 yrs.
18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother:
(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
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name Dr. Trell Henderson
Address Marysville, Ohio
M. D., midwife, or other .....

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

that the name of the applicant be corrected from George Otto Michaels as it now appears on record to Otto George Michaels.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.* ....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* .....; *that notice of the hearing on said application has been* .....; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)
4. Date of birth ..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy .....
8. Mother married? .....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Mervin Hur Mitchell

Case No. A-522

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Roanoke County, Virginia *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Jerome Township
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community 21 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jerome Township
(City) (Village) (Township)

(d) Street No.

3. Full name of child Mitchell (Surname) Mervin (First) Hur (Middle)

4. Date of birth Dec. 15, 1895 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d --

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Mitchell (Surname) John (First) W. (Middle)

10. Color or race white 11. Age at time of this birth 34 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Curry (Surname) Effie (First) A. (Middle)

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

22. Attending Physician or Midwife:
Name Dr. Mattoom
Address

M. D., midwife, or other

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 0
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3, page 137, of the records of birth of Union County, Ohio.

Your applicant hereby makes application for an order of the Court, directing correction of his birth record *as provided by law.*

Mervin Hur Mitchell *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Mervin Hur Mitchell *Applicant*

P. O. Address 2013 Pleasant View Avenue, Roanoke, Virginia

Sworn to before me and signed in my presence this 29 *day of* June *19* 43.

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio
(Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, J. S. McCamey, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

J. S. McCamey

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 29 *day of* June *19* 43.

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio
(Official Title)

The State of Ohio, Union **County, ss.**

I, Mrs. Ruth Carson, *do hereby certify that 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. Ruth Carson

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 29 *day of* June *19* 43.

Clifton L. Caryl

(Seal) Notary Public, Union County, Ohio
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Mervin Hur Mitchell

June 29 *19* 43

Case No. A-522 ✓

ORDER FOR HEARING

This day Mervin Hur Mitchell *appeared in open court and filed an application for the* correction of his birth record

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Mervin Hur Mitchell

Probate Court, Union **County, Ohio**

June 29 *19* 43

Case No. A-522

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Mervin Hur Mitchell *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court, Union County, Ohio. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Jerome Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 21 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jerome Township (City) (Village) (Township)

(d) Street No.

3. Full name of child Mitchell (Surname) Mervin (First) Hur (Middle)

4. Date of birth Dec. 15, 1895 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Mitchell (Surname) John (First) W. (Middle)

10. Color or race white 11. Age at time of this birth 34 yrs.

12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation farming

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Curry (Surname) Effie (First) A. (Middle)

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Mr. Mattoon

Address

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

that the birth record be corrected from Mirven H. Mitchell to Mervin Hur Mitchell; and that the maiden name of applicant's mother be corrected from E. A. Curry to Effie A. Curry.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of *for an order of The Court directing the registration of* *birth.*

, having personally examined the applicant in open court, finds that the facts stated in the application are supported by ; *that notice of the hearing on said application has been* *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County

(b) (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

(c) (City) (Village) (Township)

(d) Street No.

3. Full name of child (Surname) (First) (Middle)

4. Date of birth (Month) (Day) (Year)

5. Sex

6. Twin or triplet If so—born 1st, 2d, or 3d

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

9. Full name (Surname) (First) (Middle)

10. Color or race 11. Age at time of this birth yrs.

12. Birthplace (City, town, or county) (State or foreign country)

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

15. Full maiden name (Surname) (First) (Middle)

16. Color or race 17. Age at time of this birth yrs.

18. Birthplace (City, town, or county) (State or foreign country)

19. Usual occupation

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living?

(b) How many other children were born alive but are now dead?

(c) How many children were born dead?

22. Attending Physician or Midwife:

Name

Address

M. D., midwife, or other Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of Charles Pearl Harris

Case No. A-502

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* King County, Washington *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ..... (City) ..... (Village) Union (Township)

(c) Name of hospital or institution: Family home in country
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community 10 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ..... (City) ..... (Village) Union (Township)

(d) Street No. .....

3. Full name of child Harris (Surname) Charles (First) Pearl (Middle)

4. Date of birth Dec. (Month) 31 (Day) 1876 (Year)

5. Sex: Male

6. Twin or triplet: no — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Harris, (Surname) Benjamin (First) Franklin (Middle)

10. Color or race white — 11. Age at time of this birth 40 yrs.

12. Birthplace Champaign County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Webb, (Surname) Laura (First) Maria (Middle)

16. Color or race white — 17. Age at time of this birth 28 yrs.

18. Birthplace Madison County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business Farming

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 Boylan
Address Milford Center, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol.1, page 206 of the birth records of Union County, Ohio, in that his first and middle names are not recorded.

Your applicant hereby makes application for an order of the Court, directing correction of his birth record *as provided by law.*

Charles Pearl Harris *Applicant*

The State of Ohio, Washington, King **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Charles Pearl Harris *Applicant*

P. O. Address 12245 9th Ave. N. W. Seattle, Wn.

Sworn to before me and signed in my presence this 26 *day of* June *19* 43.

Ralph C. Jacobson

(Seal) Notary Public in and for the State of Washington, residing in Seattle
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Seal) .....
(Official Title)

The State of Ohio, Washington, King **County, ss.**

I, Emmett Harris, 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.*

Emmett Harris

P. O. Address 23 Roy St. Seattle, Wash.

Sworn to before me and signed in my presence this 19th *day of* June *19* 43.

R. L. Enslow

(Seal) Notary Public in and for the State of Washington, residing in Seattle
(Official Title)

The State of Ohio, Washington, Columbia **County, ss.**

I, John Morah, uncle 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.*

John Moran

P. O. Address Starbuck, Wash.

Sworn to before me and signed in my presence this 3rd *day of* July *19* 43.

Helen M. Jackson

(Seal) Notary Public in and for the State of Washington, residing in Starbuck
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Correction of birth record
of Charles Pearl Harris

July 12 *19* 43

Case No. A-502

ORDER FOR HEARING

This day Charles Pearl Harris *appeared in open court and filed an application for the* correction of his birth record

It is ordered that hearing on said application be had forthwith and that notice of hearing be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Charles Pearl Harris

Probate Court, Union **County, Ohio**

July 12 19 43

Case No. A-502

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Charles Pearl Harris *for an order of The Court correcting* his *birth record, as it is registered in the office of* this Court, Vol. 1, page 206. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of Emmett Harris and John Moran, persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Union Township (City) (Village) (Township)
(c) Name of hospital or institution: Family home in country (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 10 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Union Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Harris (Surname) Charles (First) Pearl (Middle)
4. Date of birth Dec. 31, 1876 (Month) (Day) (Year)
5. Sex Male
6. Twin or triplet no If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Harris, Benjamin Franklin (Surname) (First) (Middle)
10. Color or race white 11. Age at time of this birth 40 yrs.
12. Birthplace Champaign County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD
15. Full maiden name Webb, Laura Maria (Surname) (First) (Middle)
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Madison County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business Farming

21. Children born to this mother:
(a) How many other children of this mother are now living? two
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name Boylan
Address Milford Center, Ohio
M. D., midwife, or other M. D.

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:
that his first and middle names be added to said record.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

..... 19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.*

....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* .....;

that notice of the hearing on said application has been .....; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)
4. Date of birth ..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy .....
8. Mother married? .....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Correction of birth record
of Chester William Thompson

Case No. A-529

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Los Angeles, California *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Marysville (City) (Village) (Township)
(c) Name of hospital or institution: West 3rd Street (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery: In hospital or institution home In this community 7 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville (City) (Village) (Township)
(d) Street No. 453 West 3rd Street

3. Full name of child Thompson (Surname) Chester (First) William (Middle)
4. Date of birth Jan. 3, 1907 (Month) (Day) (Year)
5. Sex Male
6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Thompson, William Solomon (Surname) (First) (Middle)
10. Color or race Cauc. 11. Age at time of this birth 44 yrs.
12. Birthplace York (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Carpenter
14. Industry or business Construction

MOTHER OF CHILD
15. Full maiden name Pasbing, Mary Jane (Surname) (First) (Middle)
16. Color or race Cauc. 17. Age at time of this birth 35 yrs.
18. Birthplace Bern, Switzerland (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business Home

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 3
(b) How many other children were born alive but were then dead? None
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name Dr. C. D. Mills
Address Marysville, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3, page 199 of the birth records of Marysville, Ohio. Father's name not shown.
Your applicant hereby makes application for an order of the Court, directing correction of his birth record *as provided by law.*

Chester William 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.*

Chester William Thompson *Applicant*
P. O. Address Rm. 101, Hall of Justice, L.A. Cal.

Sworn to before me and signed in my presence this 30th *day of* June *19*43.

Rose B. Hawley
(Seal) Notary Puolic, County of Los Angeles, State of California (Official Title) Com. expires June 11, 1945

AFFIDAVIT

In the Matter of ____
of ____

Probate Court, ____ **County, Ohio**

The State of Ohio, ____ **County, ss.**
I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, California, Los Angeles **County, ss.**
I, William S. Thompson, Father, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

William S. Thompson
P. O. Address 215 Newport, Long Beach

Sworn to before me and signed in my presence this 14th *day of* June *19*43.

L. B. Tinkham
(Seal) Notary Public
(Official Title)

The State of Ohio, California, Los Angeles **County, ss.**
I, Clarence A. 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.*

Clarence A. Thompson
P. O. Address 215 Newport, Long Beach

Sworn to before me and signed in my presence this 14th *day of* June *19*43.

L. B. Tinkham
(Seal) Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Chester William Thompson

July 20 *19*43

Case No. A-529 ✓

ORDER FOR HEARING

This day Chester William Thompson *appeared in open court and filed an application for the* correction of his birth record

It is ordered that hearing on said application be had forthwith and that notice of hearing be dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

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JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Chester William Thompson

Probate Court, Union **County, Ohio**

July 20 *19* 43

Case No. A-529

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Chester William Thompson *for an order of The Court correcting* his *birth record, as it is registered in the office of* this Court, Volume 3, page 199. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of William S. Thompson, father, and Clarence A. Thompson, brother, persons having knowledge of the facts *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution: West 3rd Street (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution home In this community 7 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. 453 West 3rd Street

3. Full name of child Thompson (Surname) Chester (First) William (Middle)

4. Date of birth Jan. 3, 1907 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ... If so—born 1st, 2d, or 3d ...

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Thompson, William Solomon (Surname) (First) (Middle)

10. Color or race Cauc. 11. Age at time of this birth 44 yrs.

12. Birthplace York (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Carpenter

14. Industry or business Construction

MOTHER OF CHILD

15. Full maiden name Pashing, Mary Jane (Surname) (First) (Middle)

16. Color or race Cauc. 17. Age at time of this birth 35 yrs.

18. Birthplace Bern (City, town, or county) Switzerland (State or foreign country)

19. Usual occupation Housewife

20. Industry or business Home

21. Children born to this mother:

(a) How many other children of this mother are now living? 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. C. D. Mills

Address Marysville, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

Father's name added to said record.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.* ....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ... If so—born 1st, 2d, or 3d ...

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? .....

(b) How many other children were born alive but are now dead? .....

(c) How many children were born dead? .....

22. Attending Physician or Midwife:

Name .....

Address .....

M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Dana Modderwell Ousler

Case No. A-532

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Birmingham, Alabama *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Marysville (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ... In this community 4 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville (City) (Village) (Township)
(d) Street No.

3. Full name of child Ousler (Surname) Dana (First) Modderwell (Middle)
4. Date of birth Oct. 2, 1887 (Month) (Day) (Year)
5. Sex Male
6. Twin or triplet no — If so—born 1st, 2d, or 3d
7. Number months of pregnancy
8. Mother married? yes

FATHER OF CHILD

9. Full name Ousler (Surname) John (First) Richard (Middle)
10. Color or race white 11. Age at time of this birth 25 yrs.
12. Birthplace Manchester (City, town, or county) Maryland (State or foreign country)
13. Usual occupation Carpenter
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Robinson (Surname) Anna (First) (Middle)
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business

21. Children born to this mother before this birth: one
(a) How many other children of this mother were living? one
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Rodebaugh
Address
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Dana Modderwell Ousler *Applicant*

The State of Ohio, Alabama, Jefferson County.
The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Dana Modderwell Ousler *Applicant*

P. O. Address

Sworn to before me and signed in my presence this 20 *day of* July *19* 43

L. W. Powell
(Seal) Notary Public (Official Title)

AFFIDAVIT

In the Matter of Registration of Birth
of Dana Modderwell Ousler

Probate Court, Union County, Ohio

The State of Ohio, Union County, ss.

I, Charles O. Coder, *do hereby certify that I was the physician in attendance at the birth of* have personal knowledge of the facts stated in the within application, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Charles O. Coder *Attending Physician*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 19th *day of* August *19* 43

Carrie W. Hornbeck
(Seal) Deputy (Official Title)

The State of Ohio, Union County, ss.

I, Hattie Baughman, *do hereby certify that 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 Baughman

P. O. Address Columbus, Ohio

Sworn to before me and signed in my presence this 19th *day of* August *19* 43

Carrie W. Hornbeck
(Seal) Deputy (Official Title)

The State of Ohio, Franklin County, ss.

I, John R. Ousler, 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 R. Ousler

P. O. Address Columbus, Ohio

Sworn to before me and signed in my presence this 23 *day of* July *19* 43

J. Bruce Blanchard
(Seal) Notary Public (Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Dana Modderwell Ousler

July 26 *19* 43

Case No. A-532

ORDER FOR HEARING

This day Dana Modderwell Ousler *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 J. G. Adams, Massey Bldg. Birmingham, Ala. *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTE: DEPOSITION RECORDED Page 563

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Dana Modderwell Ousler

Probate Court, Union **County, Ohio**

August 19 *19* 43

Case No. A-532

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Dana Modderwell Ousler

for an order of The Court directing the registration of his *birth.*

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 Hattie Baughman and Charles O. Coder, two credible witnesses;

that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 4 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No.....

3. Full name of child Ousler (Surname) Dana (First) Modderwell (Middle)

4. Date of birth Oct. 2, 1887 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet no If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Ousler (Surname) John (First) Richard (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Manchester (City, town, or county) Maryland (State or foreign country)

13. Usual occupation Carpenter

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Robinson (Surname) Anna (First) (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living? 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. Rodebaugh

Address .....

.....

M. D., midwife, or other.....Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal)

John W. Dailey *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Walter Eugene Cook

Case No. A-533

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) Dover Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 32 yrs.

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Dover (City) (Village) (Township)

(d) Street No.

3. Full name of child: Cook (Surname) Walter (First) Eugene (Middle)

4. Date of birth 3-24-1902 (Month) (Day) (Year)

5. Sex: M.

6. Twin or triplet: single

If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Cook (Surname) Rollo (First) D. (Middle)

10. Color or race: white

11. Age at time of this birth: 30 yrs.

12. Birthplace: Licking County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: school teacher

14. Industry or business:

MOTHER OF CHILD

15. Full maiden name: Stiner, (Surname) Ora (First) (Middle)

16. Color or race: white

17. Age at time of this birth: 32 yrs.

18. Birthplace: Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation: housewife

20. Industry or business:

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 2

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name unknown

Address

M. D., midwife, or other

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3, page 38 of the records of births of Union County, Ohio.

Your applicant hereby makes application for an order of the Court, directing correction of his birth record, *as provided by law.*

Walter Eugene Cook *Applicant*

The State of 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 Eugene Cook *Applicant*

P. O. Address Columbus, Ohio

Sworn to before me and signed in my presence this 5 *day of* August *19* 43.

Mildred L. Fladt

(Seal) Mildred L. Fladt, Notary Public, Union County, Ohio

(Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Laura E. Lowry, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Laura E. Lowry

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 5 *day of* August *19* 43.

Carrie W. Hornbeck

(Seal) Deputy

(Official Title)

The State of Ohio, Union **County, ss.**

I, Mollie E. Laird, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mollie E. Laird

P. O. Address Marysville, R. 1, Ohio

Sworn to before me and signed in my presence this 5 *day of* August *19* 43.

Carrie W. Hornbeck

(Seal) Deputy

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record

of Walter Eugene Cook

August 5 *19* 43

Case No. A-533

ORDER FOR HEARING

This day Walter Eugene Cook *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Walter Eugene Cook

Probate Court, Union **County, Ohio**

August 5 1943

Case No. A-533

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Walter Eugene Cook *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court of Union County, Ohio. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Dover Township (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution In this community 32 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Dover (City) (Village) (Township)
(d) Street No.

3. Full name of child Cook (Surname) Walter (First) Eugene (Middle)

4. Date of birth 3-24-1902 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Cook (Surname) Rollo (First) D. (Middle)
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Licking County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation school teacher
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Stiner (Surname) Ora (First) (Middle)
16. Color or race white 17. Age at time of this birth 32 yrs.
18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living? 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

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:
that the first and middle name of applicant, to-wit, Walter Eugene, be inserted in said birth record.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law. (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of *for an order of The Court directing the registration of* *birth.*
, having personally examined the applicant in open court, finds that the facts stated in the application are supported by ; *that notice of the hearing on said application has been* *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County
(b) (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution In this community (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State
(b) County
(c) (City) (Village) (Township)
(d) Street No.

3. Full name of child (Surname) (First) (Middle)

4. Date of birth (Month) (Day) (Year)

5. Sex

6. Twin or triplet If so—born 1st, 2d, or 3d

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

9. Full name (Surname) (First) (Middle)
10. Color or race 11. Age at time of this birth yrs.
12. Birthplace (City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD

15. Full maiden name (Surname) (First) (Middle)
16. Color or race 17. Age at time of this birth yrs.
18. Birthplace (City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name
Address
M. D., midwife, or other Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of the Birth Record
of Cora M. Foreman

Case No. A-535

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Coldwater, Michigan, Route #5, *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Taylor
(City) (Village) (Township)

(c) Name of hospital or institution: no
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution no In this community 23 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Taylor
(City) (Village) (Township)

(d) Street No.

3. Full name of child Foreman (Surname) Cora (First) M. (Middle)

4. Date of birth July 30, 1896 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet: no — If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Foreman (Surname) J. (First) H. (Middle)

10. Color or race white 11. Age at time of this birth 33 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Ford (Surname) Ida (First) N. (Middle)

16. Color or race white 17. Age at time of this birth 23 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

22. Attending Physician or Midwife:
Name Dr. Taylor
Address Broadway, Ohio

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

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly or correctly recorded in Vol. 3 page 66 of the Records of Births of Union County, Ohio. That the same reads "Carrie M. Foreman which is incorrect and should read "Cora M. Foreman."

Your applicant hereby makes application for an order of the Court, directing correction of her birth record, *as provided by law.*

Cora Foreman Lampman *Applicant*

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.*

Cora Foreman Lampman *Applicant*

P. O. Address Coldwater, Mich. Route # 5

Sworn to before me and signed in my presence this 13th *day of* August *19* 43.

Alnet Mayer

(Seal)

Alnet Mayer, Notary Public
(Official Title)

AFFIDAVIT

In the Matter of
of

Probate Court, County, Ohio

The State of Ohio, County, ss.

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*

(Official Title)

The State of Ohio, Union **County, ss.**

I, Ida N. 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.*

Ida N. Foreman

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 13th *day of* August *19* 43

Alnet Mayer

(Seal)

Alnet Mayer, Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Guy Riley, 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.*

Guy Riley

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 13th *day of* August *19* 43

Alnet Mayer

(Seal)

Alnet Mayer, Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of the birth record
of Cora M. Foreman

August 13th *19* 43

Case No. A-535

ORDER FOR HEARING

This day Cora M. Foreman *appeared in open court and filed an application for the* correction of her birth record

It is ordered that hearing on said application be forthwith had and notice of said hearing be dispensed with.

It is further ordered by The Court that *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page

John W. Dailey *Probate Judge.*

To Dept of Health Eve

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Cora M. Foreman

Probate Court, Union **County, Ohio**

August 13 *19* 43

Case No. A-535

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Cora M. Foreman *for an order of The Court correcting* her *birth record, as it is registered in the office of* the Probate Court, Union County, Ohio. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* Ida N. Foreman, mother, and Guy Riley, brother-in-law of the applicant; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County: Union
(b) (City) (Village) (Township): Taylor
(c) Name of hospital or institution: no
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution: no In this community: 23 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State: Ohio
(b) County: Union
(c) (City) (Village) (Township): Taylor
(d) Street No.:

3. Full name of child: Foreman (Surname) Cora (First) M. (Middle)

4. Date of birth: July 30, 1896 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet: no If so—born 1st, 2d, or 3d:

7. Number months of pregnancy: 9

8. Mother married?: yes

FATHER OF CHILD

9. Full name: Foreman (Surname) J. (First) H. (Middle)
10. Color or race: white 11. Age at time of this birth: 33 yrs.
12. Birthplace: Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation: farmer
14. Industry or business:

MOTHER OF CHILD

15. Full maiden name: Ford (Surname) Ina (First) N. (Middle)
16. Color or race: white 17. Age at time of this birth: 23 yrs.
18. Birthplace: Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation: housewife
20. Industry or business:

21. Children born to this mother:
(a) How many other children of this mother are now living?: none
(b) How many other children were born alive but are now dead?: none
(c) How many children were born dead?: none

22. Attending Physician or Midwife:
Name: Dr. Taylor
Address: Broadway, Ohio
M. D., midwife, or other:

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

That, the same reads, "Carrie M. Foreman", which is incorrect and should read "Cora M. Foreman."

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of *for an order of The Court directing the registration of* *birth.*

, having personally examined the applicant in open court, finds that the facts stated in the application are supported by *; that notice of the hearing on said application has been* *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County
(b) (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution: In this community:
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State
(b) County
(c) (City) (Village) (Township)
(d) Street No.

3. Full name of child: (Surname) (First) (Middle)

4. Date of birth: (Month) (Day) (Year)

5. Sex

6. Twin or triplet: If so—born 1st, 2d, or 3d:

7. Number months of pregnancy:

8. Mother married?:

FATHER OF CHILD

9. Full name: (Surname) (First) (Middle)
10. Color or race: 11. Age at time of this birth: yrs.
12. Birthplace: (City, town, or county) (State or foreign country)
13. Usual occupation:
14. Industry or business:

MOTHER OF CHILD

15. Full maiden name: (Surname) (First) (Middle)
16. Color or race: 17. Age at time of this birth: yrs.
18. Birthplace: (City, town, or county) (State or foreign country)
19. Usual occupation:
20. Industry or business:

21. Children born to this mother:
(a) How many other children of this mother are now living?:
(b) How many other children were born alive but are now dead?:
(c) How many children were born dead?:

22. Attending Physician or Midwife:
Name:
Address:
M. D., midwife, or other: Date signed:

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Charles Edwin Wilkins

Case No. A-553

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 Township (City) (Village) (Township)

(c) Name of hospital or institution: none, York Township (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 8 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) York Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Wilkins (Surname) Charles (First) Edwin (Middle)

4. Date of birth April 23-1888 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: single If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: nine

8. Mother married? yes

FATHER OF CHILD

9. Full name Wilkins (Surname) John (First) Franklin (Middle)

10. Color or race white 11. Age at time of this birth 27 yrs.

12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Mills (Surname) Alice (First) (Middle)

16. Color or race white 17. Age at time of this birth 32 yrs.

18. Birthplace Licking County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business Housewife

21. Children born to this mother before this birth:

(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? one

22. Attending Physician or Midwife:

Name Dr. W. B. Duke

Address .....

M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3 at page 211 of the birth records of Union County, Ohio, in that the date of his birth is recorded as August 23, 1888, when in truth and in fact his birth occurred April 23, 1888.

Your applicant hereby makes application for an order of the Court, directing correction of his birth record, *as provided by law.*

Charles Edwin Wilkins *Applicant*

The State of 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 Edwin Wilkins *Applicant*

P. O. Address Mt. Victory, Ohio

Sworn to before me and signed in my presence this 30th *day of* October *19* 43

Eugene B. Wetherill

(Seal) Notary Public, Hardin County, Ohio, My commission expires May 1st, 1945.

(Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....

.....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Alice Wilkins, mother of Charles Edwin Wilkins, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Alice T. Wilkins

P. O. Address Richwood, Ohio, R.D.#1

Sworn to before me and signed in my presence this 1st *day of* October *19* 43

Sturgis H. Cheney

(Seal) Notary Public, Union County, Ohio

(Official Title)

The State of Ohio, Union **County, ss.**

I, Daisy Watkins, sister of Charles Edwin Wilkins, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Daisy Watkins

P. O. Address 1648 Kohn Place, Columbus, Ohio

Sworn to before me and signed in my presence this 1st *day of* November *19* 43

Sturgis H. Cheney

(Seal) Notary Public, Union County, Ohio.

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record

of Charles Edwin Wilkins

November 6 *19* 43

Case No. A-553

ORDER FOR HEARING

This day Charles Edwin Wilkins *appeared in open court and filed an application for the* correction of his birth record

It is ordered that hearing on said application be had forthwith and notice of hearing dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Charles Edwin Wilkins

Probate Court, Union **County, Ohio**

November 6 *19* 43

Case No. A-553

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Charles Edwin Wilkins *for an order of The Court correcting* his *birth record, as it is registered in the office of* Union Co. Probate Court, Vol 3, p. 211. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of Alice Wilkins and Daisy Watkins, persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County: Union
(b) ____ (City) ____ (Village) York Township (Township)
(c) Name of hospital or institution: York Township
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community 8 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State: Ohio
(b) County: Union
(c) ____ (City) ____ (Village) York Township (Township)
(d) Street No. ____

3. Full name of child: Wilkins (Surname) Charles (First) Edwin (Middle)
4. Date of birth: April 23, 1888. (Month) (Day) (Year)
5. Sex: Male
6. Twin or triplet: single — If so—born 1st, 2d, or 3d ____
7. Number months of pregnancy: 9
8. Mother married? yes

FATHER OF CHILD
9. Full name: Wilkins, John Franklin (Surname) (First) (Middle)
10. Color or race: White — 11. Age at time of this birth: 27 yrs.
12. Birthplace: Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation: Farmer
14. Industry or business: Farming

MOTHER OF CHILD
15. Full maiden name: Mills, Alice (Surname) (First) (Middle)
16. Color or race: White — 17. Age at time of this birth: 32 yrs.
18. Birthplace: Licking County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation: Housewife
20. Industry or business: Housewife

21. Children born to this mother:
(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? one

22. Attending Physician or Midwife:
Name: Dr. W. B. Duke
Address ____
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the date of birth be corrected from August 23, 1888, to April 23, 1888.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ **County, Ohio**

19 ____

Case No. ____

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County
(b) (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State
(b) County
(c) (City) (Village) (Township)
(d) Street No.

3. Full name of child (Surname) (First) (Middle)
4. Date of birth (Month) (Day) (Year)
5. Sex
6. Twin or triplet — If so—born 1st, 2d, or 3d
7. Number months of pregnancy
8. Mother married?

FATHER OF CHILD
9. Full name (Surname) (First) (Middle)
10. Color or race — 11. Age at time of this birth ____ yrs.
12. Birthplace (City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD
15. Full maiden name (Surname) (First) (Middle)
16. Color or race — 17. Age at time of this birth ____ yrs.
18. Birthplace (City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name
Address
M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Edyth McCampbell

Case No. A-561

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Grosse Pointe, Wayne Co. 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 Co. Ohio

(b) New California, (City) Jerome (Village) Township (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) New California, Jerome Township
(City) (Village) (Township)

(d) Street No. .....

3. Full name of child McCampbell (Surname) Edyth (First) ..... (Middle)

4. Date of birth Feb. 3, 1882 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet .....

If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name McCampbell (Surname) James (First) Dellmore (Middle)

10. Color or race White 11. Age at time of this birth 32 yrs.

12. Birthplace New California, (City, town, or county) Union Co., (State or foreign country) Ohio

13. Usual occupation Farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Curry (Surname) Olive (First) ..... (Middle)

16. Color or race White 17. Age at time of this birth 27 yrs.

18. Birthplace New California, (City, town, or county) Union Co., (State or foreign country) Ohio

19. Usual occupation Dressmaking

20. Industry or business .....

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? .....

(b) How many other children were born alive but were then dead? .....

(c) How many children were born dead? .....

22. Attending Physician or Midwife:

Name Howland, M.D.

Address Plain City, Ohio

M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Vol. 2, page 41 of the birth records of Union County, Ohio. That her given name is Edyth.

Your applicant hereby makes application for an order of the Court, directing correction of her birth record *as provided by law.*

Edyth McCampbell Bremer *Applicant*

The State of ~~Ohio~~ Michigan, Wayne **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Edyth McCampbell Bremer *Applicant*

P. O. Address 378 McKinley Rd. Grosse Pointe, Mich.

Sworn to before me and signed in my presence this 28 *day of* Mardh *19* 44

Odessa Parkinson

(Seal) Notary Public. Comm. exp. 4/28/44
(Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Jennie Curry Rickard, Aunt, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Jennie Curry Rickard

P. O. Address R.F.D., Plain City, Ohio

Sworn to before me and signed in my presence this 1st *day of* April *19*44.

Tessa R. Guy

(Seal) Notary Public, My com. expires July 7, 1944
(Official Title)

The State of Ohio, Union **County, ss.**

I, Clue V. Curry, Cousin, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Clue V. Curry

P. O. Address R. F. D. 3, Plain City, Ohio

Sworn to before me and signed in my presence this 1st *day of* April *19* 44

Tessa R. Guy

(Seal) Notary Public. My com. expires July 7,1944
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Edyth McCampbell

April 11 *19*44

Case No. A-561

ORDER FOR HEARING

This day Edyth McCampbell Bremer *appeared in open court and filed an application for the* correction of her birth record.

It is ordered that hearing on said application be had forthwith and notice thereof be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Edyth McCampbell

Probate Court, Union **County, Ohio**

April 11 *19* 44

Case No. A-561

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Edyth McCampbell Bremer Vol. 2, page 41. *for an order of The Court correcting* her *birth record, as it is registered in the office of* Union County Probate Court. The Court *in consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of Jennie Curry Rickard and Clue V. Curry, two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union Co. Ohio
(b) New California, Jerome Township (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ... In this community ... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) New California, Jerome Township (City) (Village) (Township)
(d) Street No.

3. Full name of child McCampbell (Surname) Edyth (First) (Middle)
4. Date of birth Feb. 3, 1882 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet ... If so—born 1st, 2d, or 3d ...
7. Number months of pregnancy 9
8. Mother married? Yes

FATHER OF CHILD
9. Full name McCampbell (Surname) James (First) Dellmore (Middle)
10. Color or race White
11. Age at time of this birth 32 yrs.
12. Birthplace New California, Union Co. Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Curry (Surname) Olive (First) (Middle)
16. Color or race White
17. Age at time of this birth 27 yrs.
18. Birthplace New California, Union Co. Ohio (City, town, or county) (State or foreign country)
19. Usual occupation Dressmaking
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name Howland, M. D.
Address Plain City, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:
that her given name of Edyth be added to said record.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law. (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ... *for an order of The Court directing the registration of* ... *birth.* ..., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ...; *that notice of the hearing on said application has been* ...; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County
(b) (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ... In this community ... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State
(b) County
(c) (City) (Village) (Township)
(d) Street No.

3. Full name of child (Surname) (First) (Middle)
4. Date of birth (Month) (Day) (Year)
5. Sex
6. Twin or triplet ... If so—born 1st, 2d, or 3d ...
7. Number months of pregnancy
8. Mother married?

FATHER OF CHILD
9. Full name (Surname) (First) (Middle)
10. Color or race
11. Age at time of this birth ... yrs.
12. Birthplace (City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD
15. Full maiden name (Surname) (First) (Middle)
16. Color or race
17. Age at time of this birth ... yrs.
18. Birthplace (City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name
Address
M. D., midwife, or other ... Date signed ...

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of ImoJean Wolford

Case No. A-562

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Leesburg Twp. Union Co. O.; *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Taylor (City) (Village) (Township)

(c) Name of hospital or institution: Home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 10 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Taylor Township (City) (Village) (Township)

(d) Street No. X

3. Full name of child Wolford (Surname) ImoJean (First) (None) (Middle)

4. Date of birth 7-16-1896 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: no — If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Wolford, Francis LeRoy (Surname) (First) (Middle)

10. Color or race White — 11. Age at time of this birth 35 yrs.

12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farmer

MOTHER OF CHILD

15. Full maiden name Crites, Mary Elizabeth (Surname) (First) (Middle)

16. Color or race White — 17. Age at time of this birth 26 yrs.

18. Birthplace Ross County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business Housewife

21. Children born to this mother before this birth: 3

(a) How many other children of this mother were living? 3

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Jenkins (deceased)

Address

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Vol. 3, Page 216 of the Birth Records of Union County, Ohio.

Your applicant hereby makes application for an order of the Court, directing correction of her birth record *as provided by law.*

ImoJean Wolford King *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

ImoJean Wolford King *Applicant*

P. O. Address Marysville, Ohio, R.F.D.#5

Sworn to before me and signed in my presence this 10th *day of* March *19*44.

Fearn M. Winkle

(Seal) Fearn M. Winkle, Notary Public, Union County, Ohio. Commission expires July 8th, 1946 (Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Effie Jenkins, 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 Jenkins

P. O. Address East Fifth St., Marysville

Sworn to before me and signed in my presence this 10th *day of* March *19*44.

Carrie W. Hornbeck

(Seal) Deputy (Official Title)

The State of Ohio, Union **County, ss.**

I, Anna Smith, 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.*

Anna Smith

P. O. Address .....

Sworn to before me and signed in my presence this 10th *day of* March *19*44.

Carrie W. Hornbeck

(Seal) Deputy (Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of ImoJean Wolford

March 10 *19*44

Case No. A-562

ORDER FOR HEARING

This day ImoJean Wolford *appeared in open court and filed an application for the* correction of her birth record

It is ordered that hearing on said application be had forthwith and notice dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of ImoJean Wolford

Probate Court, Union **County, Ohio**

March 10 1944

Case No. A-562

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of ImoJean(Wolford) King *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court, Union County, Ohio. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts ; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Taylor (City) (Village) (Township)
(c) Name of hospital or institution: Home (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 10 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Taylor Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Wolford (Surname) ImoJean (First) None (Middle)
4. Date of birth 7-16-1896 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet no If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Wolford, (Surname) Francis (First) LeRoy (Middle)
10. Color or race White 11. Age at time of this birth 35 yrs.
12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farmer

MOTHER OF CHILD
15. Full maiden name Crites, (Surname) Mary (First) Elizabeth (Middle)
16. Color or race White 17. Age at time of this birth 26 yrs.
18. Birthplace Ross County, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business Housewife

21. Children born to this mother: 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. Jenkins (deceased)
Address .....
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: Registrant's name Changed from Imo L. Wolford to ImoJean Wolford; Father's name changed from Roy Wolford to Francis LeRoy Wolford; Mother's name changed from Mary A. Crites to Mary Elizabeth Crites.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19.....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.* ....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)
4. Date of birth ..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy .....
8. Mother married? .....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record
of Dwight Frank Warner

Case No. A-567

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Union County *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Richwood, Ohio (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ... In this community ...
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood, Ohio (City) (Village) (Township)
(d) Street No.

3. Full name of child Warner (Surname) Dwight (First) Frank (Middle)
4. Date of birth Feb. 23, 1917 (Month) (Day) (Year)
5. Sex
6. Twin or triplet ... If so—born 1st, 2d, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Warner, Harry (Surname) (First) (Middle)
10. Color or race White 11. Age at time of this birth 30 yrs.
12. Birthplace Claibourne Township, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Drayman
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Hickok, Sarah (Surname) (First) (Middle)
16. Color or race White 17. Age at time of this birth 30 yrs.
18. Birthplace Pharisburg (City, town, or county) (State or foreign country)
19. Usual occupation House wife
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living?
(b) How many other children were born alive but were then dead?
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name F. M. Wurtsbaugh
Address Richwood, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded. That said registration of birth was recorded as Frank Dwight Warner, when it should have been recorded Dwight Frank Warner.

Your applicant hereby makes application for an order of the Court, directing correction of his birth record *as provided by law.*

Applicant

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Dwight Frank Warner *Applicant*
P. O. Address Capt. C.E. 86th Engr. H. Pon. Bn. APO 230 c/o Postmaster, N.Y., N.Y.

Sworn to before me and signed in my presence this 22 *day of* March *19* 44.

Joseph A. Moneyhon
1st Lt. C.E. Adj.
(Official Title)

AFFIDAVIT

In the Matter of ...
of ...

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ..., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ...

Sworn to before me and signed in my presence this ... *day of* ... *19* ...

...
...
(Official Title)

The State of Ohio, Union **County, ss.**

I, Sarah Warner, 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 Warner
P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 31st *day of* March *19* 44.

John W. Dailey
Probate Judge
(Official Title)

(Seal)

The State of Ohio, Union **County, ss.**

I, Ora 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.*

Ora Patch
P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 31st *day of* March *19* 44.

John W. Dailey
Probate Judge
(Official Title)

(Seal)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record
of Dwight Frank Warner

March 31 *19* 44
Case No. A-567
ORDER FOR HEARING

This day Dwight Frank Warner *appeared in open court and filed an application for the* correction of birth record

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that // *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ...

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Dwight Frank Warner

Probate Court, Union **County, Ohio**

March 31 *19* 44

Case No. A-567

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Dwight Frank Warner *for an order of The Court correcting* his *birth record, as it is registered in the office of* State of Ohio Bureau of Vital Statistics, *The Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Richwood, Ohio (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood, Ohio (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Warner (Surname) Dwight (First) Frank (Middle)
4. Date of birth Feb. 23, 1917 (Month) (Day) (Year)
5. Sex Male
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy 9
8. Mother married? Yes

FATHER OF CHILD
9. Full name Warner, Harry (Surname) (First) (Middle)
10. Color or race White 11. Age at time of this birth 30 yrs.
12. Birthplace Claibourne Township, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Drayman
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Hickok, Sarah (Surname) (First) (Middle)
16. Color or race White 17. Age at time of this birth 30 yrs.
18. Birthplace Pharisburg (City, town, or county) ..... (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name Dr. F. M. Wurtzbaugh
Address Richwood, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

That the birth record be corrected to read Dwight Frank Warner instead of Frank Dwight warner.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law. (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

..... *19* .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.* ....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... ; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)
4. Date of birth ..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy .....
8. Mother married? .....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Helen Mae Crothers

Case No. A-568

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Dona Ana County, New Mexico *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Marysville (City) (Village) (Township)
(c) Name of hospital or institution: 6 miles from Marysville, 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 27 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Crothers (Surname) Helen (First) Mae (Middle)

4. Date of birth Feb. 23, 1913 (Month) (Day) (Year)

5. Sex: Fem.

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Crothers, (Surname) Warren (First) B. (Middle)
10. Color or race White 11. Age at time of this birth 29 yrs.
12. Birthplace Marysville, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Electrician
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Littler, (Surname) Myrtle (First) (Middle)
16. Color or race White 17. Age at time of this birth 27 yrs.
18. Birthplace Marysville, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother before this birth one
(a) How many other children of this mother were living? one
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Swisher
Address Marysville, Ohio
M. D., midwife, or other Cara Beightler

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded. I have written to Bureau of Vital Statistics, they have no record
Your applicant hereby makes application for an order of the Court, directing registration of birth *, as provided by law.*

Helen Crothers 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 Crotners Smith *Applicant*

P. O. Address Box 133. Anthony, New Mex.

Sworn to before me and signed in my presence this 4th *day of* April *19*44.

Jewel H. Smith

(Seal)

Jewel H.Smith, Notary Public, Dona Ana Co. N.Nex
My commission expires 2-15-47 (Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Myrtle Crothers, 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 Crothers

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 18th *day of* April *19*44.

Betty Geer

(Seal)

Deputy (Official Title)

The State of Ohio, Union **County, ss.**

I, Cara Beightler, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Cara Beightler

P. O. Address Marysville, Ohio, R. 5

Sworn to before me and signed in my presence this 18th *day of* April *19*44

Betty Geer

(Seal)

Deputy (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Helen Mae Crothers

April 7 *19*44

Case No. A-568

ORDER FOR HEARING

This day Helen Mae Crothers Smith *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 E.L.Holt of Las Cruces, New Mex. *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

XXXXXXXXXXXXXXXX DEPOSITION RECORDED Page 565

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

.....*19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Helen Mae Crothers

Probate Court, Union **County, Ohio**

April 18 *19* 44

Case No. A-568

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Helen Mae Crothers

for an order of The Court directing the registration of her *birth.*

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 Myrtle Crothers, mother, and Cara Beightler, two credible witnesses ;

that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution:

Farm, 6 miles from 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 27 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No.....

3. Full name of child Crotners Helen Mae (Surname, First, Middle)

4. Date of birth Feb. 23, 1913 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet no If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Crothers, Warren B. (Surname, First, Middle)

10. Color or race White 11. Age at time of this birth 29 yrs.

12. Birthplace Marysville, Union Co. Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Electrician

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Littler, Myrtle (Surname, First, Middle)

16. Color or race White 17. Age at time of this birth 27 yrs.

18. Birthplace Marysville, Union Co. Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

22. Attending Physician or Midwife:

Name Dr. Swisher

Address Marysville, Ohio

.....

M. D., midwife, or other Cara Beightler Date signed xxxxxx

21. Children born to this mother:

(a) How many other children of this mother are now living? one

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Pamela Authel Davis

Case No. A-571

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Kalispell, Montana *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ..... (City) ..... (Village) Washington (Township)

(c) Name of hospital or institution: .....

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ..... (City) ..... (Village) Washington (Township)

(d) Street No. .....

3. Full name of child Davis (Surname) Pamela (First) Authel (Middle)

4. Date of birth May 11, 1881 (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? yes

FATHER OF CHILD

9. Full name Davis, (Surname) Elza (First) Columbus (Middle)

10. Color or race White 11. Age at time of this birth 31 yrs.

12. Birthplace Union (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farming

14. Industry or business Blacksmith

MOTHER OF CHILD

15. Full maiden name Kennedy, (Surname) Nancy (First) Jane (Middle)

16. Color or race White 17. Age at time of this birth 29 yrs.

18. Birthplace Franklin (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business Housekeeping

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 4

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name No knowledge

Address .....

M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth in Union County, Washington Tp. on Mayll, 1881 and registered under the name of Autha Davis was in error as to name*

Your applicant hereby makes application for an order of the Court, directing that said name be changed *, as provided by law.*

on your record to Pamela Authel Davis

Applicant

The State of ~~Ohio~~, Montana, Flathead **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Pamela Authel Davis McKnight *Applicant*

P. O. Address Kalispell, Montana

Sworn to before me and signed in my presence this 17th *day of* May *19* 44

Chas. M. McGihon

(Seal)

Residing at Kalispell, Montana

My commission (expires) 12-2-44

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Pamela Authel Davis

May 20 *19* 44

Case No. A-571

ORDER FOR HEARING

This day Pamela Authel Davis *appeared in open court and filed an application for the* correction of her birth record

It is ordered that hearing on said application be had forthwith and notice dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Pamela Authel Davis

Probate Court, Union **County, Ohio**

May 20 *19* 44

Case No. A-571

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Pamela Authel Davis McKnight *for an order of The Court correcting* her *birth record, as it is registered in the office of* this Court, Volume 2, page 47. The Court *in consideration of the evidence submitted, finds that the facts stated in the application are supported by* good and sufficient documentary evidence; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) ——— (City) ——— (Village) Washington (Township)
(c) Name of hospital or institution: ———
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ——— In this community ———
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) ——— (City) ——— (Village) Washington (Township)
(d) Street No. ———

3. Full name of child Davis (Surname) Pamela (First) Authel (Middle)
4. Date of birth May (Month) 11, (Day) 1881 (Year)
5. Sex Female
6. Twin or triplet ——— If so—born 1st, 2d, or 3d ———
7. Number months of pregnancy ———
8. Mother married? yes

FATHER OF CHILD
9. Full name Davis (Surname) Elza (First) Columbus (Middle)
10. Color or race White 11. Age at time of this birth 31 yrs.
12. Birthplace Union (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farming
14. Industry or business Blacksmith

MOTHER OF CHILD
15. Full maiden name Kennedy, (Surname) Nancy (First) Jane (Middle)
16. Color or race White 17. Age at time of this birth 29 yrs.
18. Birthplace Franklin (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business Housekeeping

21. Children born to this mother:
(a) How many other children of this mother are now living? 4
(b) How many other children were born alive but are now dead? None
(c) How many children were born dead? None
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name Unknown
Address ———
M. D., midwife, or other ———

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:
that the applicant's name be corrected from "Autha" as it appears on record to "Pamela Authel."

It is further ordered that this proceeding be recorded, and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ———

Probate Court, ——— **County, Ohio**

19 ———

Case No. ———

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ——— *for an order of The Court directing the registration of* ——— *birth.* ———, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ———; *that notice of the hearing on said application has been* ———; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County ———
(b) ——— (City) ——— (Village) ——— (Township)
(c) Name of hospital or institution: ———
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ——— In this community ———
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State ———
(b) County ———
(c) ——— (City) ——— (Village) ——— (Township)
(d) Street No. ———

3. Full name of child ——— (Surname) ——— (First) ——— (Middle)
4. Date of birth ——— (Month) ——— (Day) ——— (Year)
5. Sex ———
6. Twin or triplet ——— If so—born 1st, 2d, or 3d ———
7. Number months of pregnancy ———
8. Mother married? ———

FATHER OF CHILD
9. Full name ——— (Surname) ——— (First) ——— (Middle)
10. Color or race ——— 11. Age at time of this birth ——— yrs.
12. Birthplace ——— (City, town, or county) ——— (State or foreign country)
13. Usual occupation ———
14. Industry or business ———

MOTHER OF CHILD
15. Full maiden name ——— (Surname) ——— (First) ——— (Middle)
16. Color or race ——— 17. Age at time of this birth ——— yrs.
18. Birthplace ——— (City, town, or county) ——— (State or foreign country)
19. Usual occupation ———
20. Industry or business ———

21. Children born to this mother:
(a) How many other children of this mother are now living? ———
(b) How many other children were born alive but are now dead? ———
(c) How many children were born dead? ———
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name ———
Address ———
M. D., midwife, or other ——— Date signed ———

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

——— *Probate Judge.*

——— *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Howard Judson McPherson

Case No. A-572

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 819 Fairchild St. Iowa City, Iowa*; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Marysville (City) (Village) (Township)
(c) Name of hospital or institution: --
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery: In hospital or institution -- In this community approximately 14 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville (City) (Village) (Township)
(d) Street No. ---

3. Full name of child McPherson (Surname) Howard (First) Judson (Middle)
4. Date of birth May 3, 1894 (Month) (Day) (Year)
5. Sex: Male
6. Twin or triplet: --
If so—born 1st, 2d, or 3d
7. Number months of pregnancy: 9-
8. Mother married? yes

FATHER OF CHILD

9. Full name McPherson, Joseph Cleanard (Surname) (First) (Middle)
10. Color or race White
11. Age at time of this birth 34 yrs.
12. Birthplace -- (City, town, or county) Pennsylvania (State or foreign country)
13. Usual occupation Carpenter
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Dennis, Ida (Surname) (First) (Middle)
16. Color or race White
17. Age at time of this birth 27 yrs.
18. Birthplace --- (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 3
(b) How many other children were born alive but were then dead? 1
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. T. F. Wurtsbaugh
Address Marysville, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3, page 135 of the birth records of Union County, Ohio. Child's surname recorded as "McFerson" Father's surname recorded as "McFerson" and mother's surname recorded as "Demes."

Your applicant hereby makes application for an order of the Court, directing correction of his birth record *as provided by law.*

Howard Judson McPherson *Applicant*

The State of Ohio, Iowa, Johnson **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Howard Judson McPherson *Applicant*

P. O. Address 819 Fairchild St., Iowa City, Iowa

Sworn to before me and signed in my presence this 10th *day of* February *19*44.

R. N. Miller
Clerk of District Court of Iowa in and for Johnson County
(Official Title)

(Seal)

AFFIDAVIT

In the Matter of
of

Probate Court, County, Ohio

The State of Ohio, County, ss.

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*

(Official Title)

(Seal)

The State of Ohio, Iowa, Johnson **County, ss.**

I, James Henry McPherson*, do hereby certify that 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 Henry McPherson

P. O. Address 931 -16th St. Des Moines, Ia.

Sworn to before me and signed in my presence this 29 *day of* January *19*44.

P. A. Dooley
Notary Public
(Official Title)

(Seal)

The State of Ohio, Iowa, Johnson **County, ss.**

I, Ethel McPherson*, do hereby certify that 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 McPherson

P. O. Address 931-16th St. Des Moines, Iowa

Sworn to before me and signed in my presence this 29 *day of* January *19*44

P. A. Dooley
Notary Public
(Official Title)

(Seal)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Howard Judson McPherson

April 14 *19*44

Case No. A-572

ORDER FOR HEARING

This day Howard Judson McPherson *appeared in open court and filed an application for the* correction of his birth record

It is ordered that hearing on said application be had forthwith and notice thereof dispensed with.

It is further ordered by The Court that *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Howard Judson McPherson

Probate Court, Union **County, Ohio**

April 14 *19*44

Case No. A-572

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Howard Judson McPherson *for an order of The Court correcting* his *birth record, as it is registered in the office of* this Court, Volume 3, page 135. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of James Henry McPherson and Ethel McPherson, persons having knowledge of the facts ; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution: --

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution -- In this community 14 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No.

3. Full name of child McPherson (Surname) Howard (First) Judson (Middle)

4. Date of birth May 3, 1894 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet -- If so—born 1st, 2d, or 3d

7. Number months of pregnancy --

8. Mother married? yes

FATHER OF CHILD

9. Full name McPherson, Joseph Cleanard (Surname) (First) (Middle)

10. Color or race White 11. Age at time of this birth 34 yrs.

12. Birthplace -- (City, town, or county) Pennsylvania (State or foreign country)

13. Usual occupation Carpenter

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Dennis, Ida -- (Surname) (First) (Middle)

16. Color or race White 17. Age at time of this birth 27 yrs.

18. Birthplace -- (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living? 3

(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. T. F. Wurtsbaugh

Address Marysville, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

that the surname of the applicant and his father be corrected from "McFerson" to McPherson, mother's maiden name from "Demes" to Dennis.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of *for an order of The Court directing the registration of* *birth.*

, having personally examined the applicant in open court, finds that the facts stated in the application are supported by ;

that notice of the hearing on said application has been *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County

(b) (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution In this community (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

(c) (City) (Village) (Township)

(d) Street No.

3. Full name of child (Surname) (First) (Middle)

4. Date of birth (Month) (Day) (Year)

5. Sex

6. Twin or triplet If so—born 1st, 2d, or 3d

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

9. Full name (Surname) (First) (Middle)

10. Color or race 11. Age at time of this birth yrs.

12. Birthplace (City, town, or county) (State or foreign country)

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

15. Full maiden name (Surname) (First) (Middle)

16. Color or race 17. Age at time of this birth yrs.

18. Birthplace (City, town, or county) (State or foreign country)

19. Usual occupation

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living?

(b) How many other children were born alive but are now dead?

(c) How many children were born dead?

22. Attending Physician or Midwife:

Name

Address

M. D., midwife, or other Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of Frank Ellsworth Kramer

Case No. A-573

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Plain City (City) (Village) (Township)

(c) Name of hospital or institution: At home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 24 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Plain City (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Kramer (Surname) Frank (First) Ellsworth (Middle)

4. Date of birth Jan. 30, 1886 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: single

If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Kramer, (Surname) Charles (First) Henry (Middle)

10. Color or race White 11. Age at time of this birth 26 yrs.

12. Birthplace Plain City, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Currier, (Surname) Nettie (First) (Middle)

16. Color or race White 17. Age at time of this birth 24 yrs.

18. Birthplace Plain City, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 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. Mattoon, deceased

Address Plain City, Ohio

M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Frank Elsworth Kramer *Applicant*

The State of 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 Elsworth Kramer *Applicant*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 17th *day of* April *19* 44

John W. Dailey

(Seal) P. J.

(Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Nettie Kramer, mother of Frank Ellsworth Kramer *, do hereby certify that 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. C. Nettie Kramer

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 17th *day of* April *19* 44

John W. Dailey

(Seal) P.J.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Charles Henry Kramer, father of Frank Ellsworth Kramer *, do hereby certify that 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 Henry (His X mark) Kramer

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 17th *day of* April *19* 44

John W. Dailey

(Seal) P.J.

(Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of Frank Ellsworth Kramer

April 17 *19* 44

Case No. A-573

ORDER FOR HEARING

This day Frank Ellsworth Kramer *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 Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....
22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....
Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Frank Ellsworth Kramer

Probate Court, Union **County, Ohio**

April 17 *19* 44

Case No. A-573

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Frank Ellsworth Kramer
for an order of The Court directing the registration of 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 Nettie Kramer and Charles Henry Kramer, credible witnesses;
that notice of the hearing on said application has been dispensed with*; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Plain City (City) (Village) (Township)
(c) Name of hospital or institution: At home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 24 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Plain City (City) (Village) (Township)
(d) Street No.....

3. Full name of child Kramer (Surname) Frank (First) Ellsworth (Middle)
4. Date of birth Jan. 30, 1886 (Month) (Day) (Year)
5. Sex Male
6. Twin or triplet single If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Kramer, (Surname) Charles (First) Henry (Middle)
10. Color or race White 11. Age at time of this birth 26 yrs.
12. Birthplace Plain City, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Currier, (Surname) Nettie (First) (Middle)
16. Color or race White 17. Age at time of this birth 24 yrs.
18. Birthplace Plain City, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business.....
22. Attending Physician or Midwife:
Name Dr. Mattoon, deceased
Address Plain City, Ohio
.....
M. D., midwife, or other..... Date signed.....

21. Children born to this mother:
(a) How many other children of this mother are now living? None
(b) How many other children were born alive but are now dead? None
(c) How many children were born dead? None
Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth

of Hortense Viola Brown

Case No. A-576

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Denver, Colorado *; 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 of Union

(b) Woodland (City) (Village) (Township)

(c) Name of hospital or institution: none (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution none In this community 1 yr. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Woodland (City) (Village) (Township)

(d) Street No. None

3. Full name of child Brown (Surname) Hortense (First) Viola (Middle)

4. Date of birth Oct. 3, 1880 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet no If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Brown (Surname) George (First) Washington (Middle)

10. Color or race White 11. Age at time of this birth 29 yrs.

12. Birthplace (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Labor

14. Industry or business None

MOTHER OF CHILD

15. Full maiden name Decker, Francis (Surname) (First) Viola (Middle)

16. Color or race White 17. Age at time of this birth 26 yrs.

18. Birthplace Morrow (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business None

21. Children born to this mother before this birth: 2

(a) How many other children of this mother were living? 2

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Lydia Decker

Address Woodland, Ohio

M. D., midwife, or other my grandmother

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Mrs. Hortense Viola Decker *Applicant*

The State of ~~Ohio~~, Missouri, Cape Girardeau **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Mrs. Hortense Viola Decker *Applicant*

P. O. Address 1220 Grove, Denver, Colorado

Sworn to before me and signed in my presence this 25 *day of* April *19* 44.

Edward L. Drum

Notary Public, My commission expires April 19, 1948 (Official Title)

(Seal)

AFFIDAVIT

In the Matter of

of

Probate Court, **County, Ohio**

The State of Ohio, **County, ss.**

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*

(Official Title)

The State of ~~Ohio~~, Missouri, Cape Girardeau **County, ss.**

I, Joseph E. Decker, 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.*

Joseph (his X mark) E. Decker

P. O. Address 205 S. Springg St. Cape Girardeau, Mo.

Sworn to before me and signed in my presence this 25 *day of* April *19* 44.

Witness to mark -Edward L. Drum

Eward L. Drum

(Seal)

Notary Public (Official Title)

The State of ~~Ohio~~, Missouri, Cape Girardeau **County, ss.**

I, Olive M. Stoffregen, 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.*

Olive M. Stoffregen

P. O. Address Delta, Mo.

Sworn to before me and signed in my presence this 25 *day of* April *19* 44.

Edward L. Drum

(Seal)

Notary Public (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth

of Hortense Viola Brown

May 12 *19* 44

Case No. A-576

ORDER FOR HEARING

This day Hortense Viola Brown Decker *appeared in open court and filed an application for the* registration of herbirth.

It is ordered that hearing on said application be continued.

It is further ordered by The Court that Theodore J. Adams, Atty., Majestic Building, Denver, Colorado, *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page 567

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

.....*19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City. town. or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Hortense Viola Brown

Probate Court, Union **County, Ohio**

May 26 *19*44

Case No. A-576

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Hortense Viola Brown Decker

for an order of The Court directing the registration of her *birth.*

Theo. J. Adams, the special Master Commissioner, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the affidavits of Joseph E. Decker, her uncle, and Olive M. Stoffregen, her sister;

that notice of the hearing on said application has been dispensed with*; and, (being convinced that the claim of the applicant is true,) that the following are the 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 Woodland (City) (Village) (Township)

(c) Name of hospital or institution: None

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution None In this community 1 yr. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Near Woodland (City) (Village) (Township)

(d) Street No.

3. Full name of child Brown (Surname) Hortense (First) Viola (Middle)

4. Date of birth 10-3-1880 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Brown, (Surname) George (First) Washington (Middle)

10. Color or race White 11. Age at time of this birth 29 yrs.

12. Birthplace ..... (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Labor

14. Industry or business None

MOTHER OF CHILD

15. Full maiden name Decker, (Surname) Francis (First) Viola (Middle)

16. Color or race White 17. Age at time of this birth 26 yrs.

18. Birthplace Morrow Co. (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business None

21. Children born to this mother:

(a) How many other children of this mother are now living? 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 Lydia Decker

Address Woodland, Ohio

M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Robert Frank Allen

Case No. A-582

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Hollywood, Florida *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) ..... Jackson
(City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 17 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson Township
(City) (Village) (Township)
(d) Street No. .....

3. Full name of child Allen (Surname) Robert (First) Frank (Middle)

4. Date of birth 1-6-06 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: no — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Allen (Surname) Frank (First) C. (Middle)
10. Color or race white — 11. Age at time of this birth 40 yrs.
12. Birthplace Union (City, town, or county) Ohio (State or foreign country)
13. Usual occupation farming
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Bishop (Surname) Rosa (First) (Middle)
16. Color or race White — 17. Age at time of this birth 31 yrs.
18. Birthplace Fairfield Co., (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Roebuck
Address Richwood, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Volume 3, page 6, number 6, of the birth records of Union County, Ohio; that the birth on said record shows January 15, 1906, and the correct date should be January 6, 1906.

Your applicant hereby makes application for an order of the Court, directing correction of birth *, as provided by law.*

Robert Frank Allen *Applicant*

The State of Ohio, Florida, Broward **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Robert Frank Allen *Applicant*

P. O. Address Hollywood Beach Hotel, Hollywood, Fla.

Sworn to before me and signed in my presence this 26th *day of* May *19*44.

John V. Foster

John V. Foster, Lt (jg) USNR.
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, F. LeRoy Allen, 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.*

F. LeRoy Allen

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 29th *day of* May *19*44.

Carrie W. Hornbeck

(Seal) Deputy
(Official Title)

The State of Ohio, Union **County, ss.**

I, Frank C. Allen, 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 C. Allen

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 29th *day of* May *19*44.

F. LeRoy Allen

(Seal) F. LeRoy Allen, Notary Public, St. of Ohio
My comm. expires 2/6/45
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Robert Frank Allen

May 29 *19* 44

Case No. A-582

ORDER FOR HEARING

This day Robert Frank Allen *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and notice thereof dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Robert Frank Allen

Probate Court, Union **County, Ohio**

May 29 *19* 44

Case No. A-582 ✓

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Robert Frank Allen *for an order of The Court correcting* his *birth record, as it is registered in the office of* this Court, Volume 3, page 6, No. 6. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of F. LeRoy Allen, his brother, and Frank C. Allen, his father, two credible witnesses ; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Jackson Township (City) (Village) (Township)
(c) Name of hospital or institution: home (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 17 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child: Allen (Surname) Robert (First) Frank (Middle)
4. Date of birth 1-6-1906 (Month) (Day) (Year)
5. Sex: Male
6. Twin or triplet: no If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy: 9
8. Mother married? yes

FATHER OF CHILD
9. Full name: Allen (Surname) Frank (First) C. (Middle)
10. Color or race: White
11. Age at time of this birth: 40 yrs.
12. Birthplace: Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation: farming
14. Industry or business: .....

MOTHER OF CHILD
15. Full maiden name: Bishop, Rosa (Surname) (First) (Middle)
16. Color or race: White
17. Age at time of this birth: 31 yrs.
18. Birthplace: Fairfield Co., Ohio (City, town, or county) (State or foreign country)
19. Usual occupation: housewife
20. Industry or business: .....
22. Attending Physician or Midwife:
Name: Dr. Roebuck
Address: Richwood, Ohio
M. D., midwife, or other: .....

21. Children born to this mother:
(a) How many other children of this mother are now living? 2
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0
Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the date of his birth be corrected from January 15, 1906, as it appears on the record, to January 6, 1906.

It is further ordered that this proceeding be recorded, and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.* ....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)
4. Date of birth ..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy .....
8. Mother married? .....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race .....
11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race .....
17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business .....
22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....
Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Orlinda Maria Koerner

Case No. A-584

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Fresno, Fresno County, Calif., *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Marysville (City) (Village) (Township)
(c) Name of hospital or institution: home of parents (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 27 yr. (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 Koerner (Surname) Orlinda (First) Maria (Middle)

4. Date of birth Oct. 20, 1894 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy normal

8. Mother married? yes

FATHER OF CHILD

9. Full name Koerner, Veit (Surname) (First) (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 some farming & other work
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Delp, Carrie Magdalena (Surname) (First) (Middle)
16. Color or race white 17. Age at time of this birth 27 yrs.
18. Birthplace ..... (City, town, or county) Ohio (State or foreign country)
19. Usual occupation house-wife
20. Industry or business .....

21. Children born to this mother before this birth: 2
(a) How many other children of this mother were living? 1 girl
(b) How many other children were born alive but were then dead? .....
(c) How many children were born dead? lost 1st child Boy

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Vol. 3, page 113 of the birth records of Union County, Ohio. Given name should be Orlinda instead of Evlinda (Evlinda is error) Middle name shall be Maria as taught by mother. Month of birth should be October instead of November. October 20, 1894 is correct.
Your applicant hereby makes application for an order of the Court, directing correction of her birth record, as provided by law.

Mrs. Orlinda Koerner Johnson *Applicant*

The State of Ohio, California, Fresno **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

(Mrs.) Orlinda Koerner Johnson *Applicant*

P. O. Address 1001 West Belmont, Fresno 1, California

Sworn to before me and signed in my presence this 18th *day of* May *19*44.

(Seal)

D. E. Roughton
City Clerk, City of Fresno, California
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

(Official Title)

The State of Ohio, California, Fresno **County, ss.**

I, Eleanore W. Schreiber, 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.*

Eleanore W. Schreiber

P. O. Address 831 Harrison Ave. Fresno 3, Calif.

Sworn to before me and signed in my presence this 18th *day of* May *19*44.

(Seal)

D. E. Roughton
City Clerk, City of Fresno, California
(Official Title)

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Orlinda Maria Koerner

June 2 *19*44

Case No. A-584

ORDER FOR HEARING

This day Orlinda Maria Koerner Johnson *appeared in open court and filed an application for the* correction of her birth record.

It is ordered that hearing on said application be had forthwith and notice of hearing dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Orlinda Maria Koerner

Probate Court, Union **County, Ohio**

June 2 19 44

Case No. A-584

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Orlinda Maria Koerner Johnson *for an order of The Court correcting* her *birth record, as it is registered in the office of* this Court, Volume 3, page 113. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavit of Eleanore W. Schreiber, her sister , and documentary evidence ; *that notice of the hearing on said application has been* dispensed with ; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution: home of parents (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 27 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No.

3. Full name of child: Koerner (Surname) Orlinda (First) Maria (Middle)

4. Date of birth: Oct. 20, 1894 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Koerner, Veit (Surname) (First) (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: farming and laborer

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name: Delp, Carrie Magdalena (Surname) (First) (Middle)

16. Color or race: White 17. Age at time of this birth: 27 yrs.

18. Birthplace ..... (City, town, or county) Ohio (State or foreign country)

19. Usual occupation: housewife

20. Industry or business.....

21. Children born to this mother: 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? 1

22. Attending Physician or Midwife:

Name unknown

Address .....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that her given name be corrected from Evlinda to Orlinda Maria; date of birth corrected from November 20, 1894, to October 20, 1894.

It is further ordered that this proceeding be recorded, and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

..... 19.....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.*

..... *, having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? .....

(b) How many other children were born alive but are now dead? .....

(c) How many children were born dead? .....

22. Attending Physician or Midwife:

Name .....

Address .....

M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Alva Caskey

Case No. A-591

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Union County *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) (City) (Village) Washington (Township)
(c) Name of hospital or institution: Home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 5
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) (City) (Village) Washington (Township)
(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth July 17, 1879 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: no — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Caskey (Surname) Shannon (First) (Middle)
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Pickaway Co. (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Laborer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Vanbuskirk, Margaret (Surname) (First) (Middle)
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Washington Twp. Union Co. Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 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 do not know
Address .....
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 2 page 22 of the birth records of Union County. That his last name is Caskey instead of Caska as recorded.
Your applicant hereby makes application for an order of the Court, directing correction of his birth record *as provided by law.*

Alva Caskey *Applicant*

The State of Ohio, Union **County.**
The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Alva Caskey *Applicant*
P. O. Address Richwood, Ohio, Route # 3

Sworn to before me and signed in my presence this 21 *day of* August *19* 44.

F. LeRoy Allen
F.LeRoy Allen, Notary Public for the State of Ohio. My commission expires Feb. 6, 1945
(Official Title)

(Seal)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, D. W. Wasserbeck, 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.*

D. W. Wasserbeck
P. O. Address Prospect, O. R. 1

Sworn to before me and signed in my presence this 21 *day of* August *19* 44.

F. LeRoy Allen
F.LeRoy Allen, Notary Publid for the st. of Ohio My commission expires Feb. 6, 1945
(Official Title)

(Seal)

The State of Ohio, Union **County, ss.**

I, Joseph A. Wasserbeck, 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.*

Joseph A. Wasserbeck
P. O. Address Prospect, Ohio , R.F.D.

Sworn to before me and signed in my presence this 21 *day of* August *19* 44.

F. LeRoy Allen
F. LeRoy Allen, Notary Public for the St. of Ohio. my commission expires Feb.6,1945
(Official Title)

(Seal)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Alva Caskey

August 21 *19* 44

Case No. A-591

ORDER FOR HEARING

This day Alva Caskey *appeared in open court and filed an application for the* correction of his birth record

It is ordered that hearing on said application be had forthwith and notice dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Alva Caskey

Probate Court, Union **County, Ohio**

August 21st *19* 44

Case No. A-591

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Alva Caskey *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court of Union Co. Ohio. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons as witnesses having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County: Union
(b) ____ (City) Washington (Village) (Township)
(c) Name of hospital or institution: at home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community 5 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State: Ohio
(b) County: Union
(c) ____ (City) Washington (Village) (Township)
(d) Street No. ____

3. Full name of child: Caskey (Surname) Alva (First) ____ (Middle)

4. Date of birth: July 17, 1879 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: no If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Caskey (Surname) Shannon (First) ____ (Middle)
10. Color or race: white 11. Age at time of this birth: 30 yrs.
12. Birthplace: Pickaway County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation: Laborer
14. Industry or business: ____

MOTHER OF CHILD

15. Full maiden name: Vanbuskirk, (Surname) Margaret (First) ____ (Middle)
16. Color or race: white 17. Age at time of this birth: 22 yrs.
18. Birthplace: Union Co. (City, town, or county) Ohio (State or foreign country)
19. Usual occupation: housewife
20. Industry or business: ____

21. Children born to this mother:
(a) How many other children of this mother are now living? one
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name: do not know
Address: ____
M. D., midwife, or other: ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

That the Surname of Applicant be changed from Caska to Caskey.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ **County, Ohio**

19 ____

Case No. ____

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County
(b) ____ (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State
(b) County
(c) ____ (City) (Village) (Township)
(d) Street No.

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)
10. Color or race ____ 11. Age at time of this birth ____ yrs.
12. Birthplace ____ (City, town, or county) (State or foreign country)
13. Usual occupation ____
14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)
16. Color or race ____ 17. Age at time of this birth ____ yrs.
18. Birthplace ____ (City, town, or county) (State or foreign country)
19. Usual occupation ____
20. Industry or business ____

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name
Address
M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record *of* Lloyd Gamble Owen

Case No. A-597

APPLICATION

Your applicant respectfully represents that he *was born in* Leesburg Twp. Union *County, Ohio; that* he *now resides in* Tulsa, 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) ——— Leesburg
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ——— In this community ———
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ——— Leesburg
(City) (Village) (Township)

(d) Street No.

3. Full name of child Owen (Surname) Lloyd (First) Gamble (Middle)

4. Date of birth Sept. 11, 1882 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ——— If so—born 1st, 2d, or 3d ———

7. Number months of pregnancy: nine

8. Mother married? yes

FATHER OF CHILD

9. Full name Owen, John Ransom (Surname) (First) (Middle)

10. Color or race White 11. Age at time of this birth 30 yrs.

12. Birthplace Watkins, Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Harness maker

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Gamble, Anna Catherine (Surname) (First) (Middle)

16. Color or race White 17. Age at time of this birth 28 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation House wife

20. Industry or business

22. Attending Physician or Midwife:

Name Dr. Drake

Address Deceased

M. D., midwife, or other

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

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 2, page 55 of the birth records of Union County, Ohio, in that said records show applicant'sname as Floid Owen, whereas his true name is Lloyd Gamble Owen.

Your applicant hereby makes application for an order of the Court, directing correction of his birth rec, *as provided by law.*

Lloyd Gamble Owen *Applicant*

The State of Ohio, Oklahoma, Tulsa **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Lloyd Gamble Owen *Applicant*

P. O. Address 1809 West Easton Place, Tulsa, Oklahoma

Sworn to before me and signed in my presence this 7 *day of* September *19*44.

Clare M. Rile

(Seal) Notary Puplic, My com . exp. April 1, 1948
(Official Title)

AFFIDAVIT

In the Matter of ——— *of* ———

Probate Court, ——— County, Ohio

The State of Ohio, ——— **County, ss.**

I, ———, *do hereby certify that I was the physician in attendance at the birth of* ———, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ———

Sworn to before me and signed in my presence this ——— *day of* ——— *19*——.

(Official Title)

The State of Ohio, Oklahoma, Washington **County, ss.**

I, Emily Montgomery, 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.*

Emily Montgomery

P. O. Address Bartlesville, Oklahoma

Sworn to before me and signed in my presence this 8 *day of* September *19*44.

Morey Z. Lee

(Seal) Court Clerk, Washington County, in Bartlesville, Oklahoma
(Official Title)

The State of Ohio, Union **County, ss.**

I, Charles Owen, 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.*

Charles Owen

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 28th *day of* September *19*44.

Clifton L. Caryl

(Seal) Clifton L. Caryl, Notary Public, State of Ohio
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record *of* Lloyd Gamble Owen

September 28 *19*44

Case No. A-597

ORDER FOR HEARING

This day Lloyd Gamble Owen *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and notice dispensed with.

It is further ordered by The Court that ——— *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ———

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Lloyd Gamble Owen

Probate Court, Union **County, Ohio**

September 28 *19* 44

Case No. A-597

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Lloyd Gamble Owen *for an order of The Court correcting* his *birth record, as it is registered in the office of* this court, Vol. 2, page 55. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of the applicant, and Emily Montgomery, sister, and Charles Owen, cousin, ; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) ——— Leesburg Township
(City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ——— In this community ———
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Leesburg Township
(City) (Village) (Township)

(d) Street No. ———

3. Full name of child Owen (Surname) Lloyd (First) Gamble (Middle)

4. Date of birth Sept. 11, 1882 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ——— If so—born 1st, 2d, or 3d ———

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Owen, John Ransom
Surname First Middle

10. Color or race White 11. Age at time of this birth 30 yrs.

12. Birthplace Watkins, Union County, Ohio
(City, town, or county) (State or foreign country)

13. Usual occupation Harness maker

14. Industry or business ———

MOTHER OF CHILD

15. Full maiden name Gamble, Anna Catherine
Surname First Middle

16. Color or race White 17. Age at time of this birth 28 yrs.

18. Birthplace Union County, Ohio
(City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business ———

21. Children born to this mother:
(a) How many other children of this mother are now living? two
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Drake, deceased.
Address ———
M. D., midwife, or other ———

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:
the given name corrected from Floid Owen to Lloyd Gamble Owen.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ———

Probate Court, ——— **County, Ohio**

19 ———

Case No. ———

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ——— *for an order of The Court directing the registration of* ——— *birth.* ———, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ———; *that notice of the hearing on said application has been* ———; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ———

(b) ——— (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ——— In this community ———
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ———

(b) County ———

(c) ——— (City) (Village) (Township)

(d) Street No. ———

3. Full name of child ——— (Surname) ——— (First) ——— (Middle)

4. Date of birth ——— (Month) (Day) (Year)

5. Sex ———

6. Twin or triplet ——— If so—born 1st, 2d, or 3d ———

7. Number months of pregnancy ———

8. Mother married? ———

FATHER OF CHILD

9. Full name ——— (Surname) ——— (First) ——— (Middle)

10. Color or race ——— 11. Age at time of this birth ——— yrs.

12. Birthplace ——— (City, town, or county) ——— (State or foreign country)

13. Usual occupation ———

14. Industry or business ———

MOTHER OF CHILD

15. Full maiden name ——— (Surname) ——— (First) ——— (Middle)

16. Color or race ——— 17. Age at time of this birth ——— yrs.

18. Birthplace ——— (City, town, or county) ——— (State or foreign country)

19. Usual occupation ———

20. Industry or business ———

21. Children born to this mother:
(a) How many other children of this mother are now living? ———
(b) How many other children were born alive but are now dead? ———
(c) How many children were born dead? ———

22. Attending Physician or Midwife:
Name ———
Address ———
M. D., midwife, or other ——— Date signed ———

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

——— *Probate Judge.*

——— *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Eva May Carter

Case No. A-601

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Cleveland, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) ..... (City) ..... (Village) Jackson (Township)
(c) Name of hospital or institution: At home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 20 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) ..... (City) ..... (Village) Jackson (Township)
(d) Street No. .....

3. Full name of child Carter (Surname) Eva (First) May (Middle)

4. Date of birth May 19, 1881 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Carter (Surname) David (First) Jones (Middle)
10. Color or race White — 11. Age at time of this birth 24 yrs.
12. Birthplace Jackson Twp. Union Co., O. (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Noggle (Surname) Hester (First) Anna (Middle)
16. Color or race White — 17. Age at time of this birth 20 yrs.
18. Birthplace Jackson Twp., Union Co., O. (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name Dr. Williams, deceased
Address Essex, Ohio
.....
M. D., midwife, or other .....

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Vol. 2, page 40 of the Records of Births of Union County.
Your applicant hereby makes application for an order of the Court, directing correction of her birth record *as provided by law.*

Eva May Burk *Applicant*

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 Burk *Applicant*

P. O. Address 4209 Lorain Ave. Cleveland, Ohio

Sworn to before me and signed in my presence this 9th *day of* October *19* 44

John W. Dailey
Probate Judge
(Official Title)

(Seal)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

(Seal)

The State of Ohio, Union **County, ss.**

I, Ira A. Carter, double 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.*

Ira A. Carter

P. O. Address LaRue, Ohio

Sworn to before me and signed in my presence this 9th *day of* October *19*44.

Carrie W. Hornbeck
Deputy
(Official Title)

(Seal)

The State of Ohio, Union **County, ss.**

I, Laura C. Spicer, 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.*

Laura C. Spicer

P. O. Address LaRue, Ohio, R# 2

Sworn to before me and signed in my presence this 9th *day of* October *19*44.

Carrie W. Hornbeck
Deputy
(Official Title)

(Seal)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Eva May Burk

Oct. 9 *19* 44

Case No. A-601

ORDER FOR HEARING

This day Eva May Carter Burk *appeared in open court and filed an application for the* correction of birth record

It is ordered that hearing on said application be forthwith.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Eva May Carter

Probate Court, Union **County, Ohio**

October 9th *19*44

Case No. A-601

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Eva May Carter *for an order of The Court correcting* her *birth record, as it is registered in the office of* the Probate Court of Union County, Ohio. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of Ira A. Carter and Laura C. Spicer, persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) ——— (City) ——— (Village) Jackson (Township)
(c) Name of hospital or institution: at home (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ——— In this community 20 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) ——— (City) ——— (Village) Jackson (Township)
(d) Street No. ———

3. Full name of child Carter (Surname) Eva (First) May (Middle)
4. Date of birth May 19, 1881 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet single If so—born 1st, 2d, or 3d ———
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Carter (Surname) David (First) Jones (Middle)
10. Color or race White
11. Age at time of this birth 24 yrs.
12. Birthplace Jackson Twp., Union Co., O. (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business ———

MOTHER OF CHILD
15. Full maiden name Noggle (Surname) Hester (First) Anna (Middle)
16. Color or race White
17. Age at time of this birth 20 yrs.
18. Birthplace Jackson Twp., Union Co., O. (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business ———

21. Children born to this mother:
(a) How many other children of this mother are now living? 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, Deceased
Address Essex, Ohio
M. D., midwife, or other ———

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:
Emma Carter to Eva May Carter; date of birth from May 9, 1881 to May 19, 1881; father's name D. G. Carter to David Jones Carter; mother's name Hester Noggle to Hester Anna Noggle.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ———

Probate Court, ——— **County, Ohio**

19——

Case No. ———

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ——— *for an order of The Court directing the registration of* ——— *birth.* ———, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ———; *that notice of the hearing on said application has been* ———; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County ———
(b) ——— (City) ——— (Village) ——— (Township)
(c) Name of hospital or institution: ——— (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ——— In this community ——— (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State ———
(b) County ———
(c) ——— (City) ——— (Village) ——— (Township)
(d) Street No. ———

3. Full name of child ——— (Surname) ——— (First) ——— (Middle)
4. Date of birth ——— (Month) (Day) (Year)
5. Sex ———
6. Twin or triplet ——— If so—born 1st, 2d, or 3d ———
7. Number months of pregnancy ———
8. Mother married? ———

FATHER OF CHILD
9. Full name ——— (Surname) ——— (First) ——— (Middle)
10. Color or race ———
11. Age at time of this birth ——— yrs.
12. Birthplace ——— (City, town, or county) ——— (State or foreign country)
13. Usual occupation ———
14. Industry or business ———

MOTHER OF CHILD
15. Full maiden name ——— (Surname) ——— (First) ——— (Middle)
16. Color or race ———
17. Age at time of this birth ——— yrs.
18. Birthplace ——— (City, town, or county) ——— (State or foreign country)
19. Usual occupation ———
20. Industry or business ———

21. Children born to this mother:
(a) How many other children of this mother are now living? ———
(b) How many other children were born alive but are now dead? ———
(c) How many children were born dead? ———

22. Attending Physician or Midwife:
Name ———
Address ———
M. D., midwife, or other ——— Date signed ———

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

——— *Probate Judge.*

——— *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Lois Eleanor Haggard

Case No. A-604

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Columbus, Franklin Co. O. *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Dover (City) (Village) (Township)
(c) Name of hospital or institution: Home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution Home In this community 2 Years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Dover (City) (Village) (Township)
(d) Street No.

3. Full name of child Haggard (Surname) Lois (First) Eleanor (Middle)

4. Date of birth May 30 1903 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Haggard (Surname) John (First) Franklin (Middle)
10. Color or race white 11. Age at time of this birth 31 yrs.
12. Birthplace Millcreek Twp. Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Stimmel (Surname) Viola (First) (Middle)
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Millcreek Twp. Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? one
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. G. E. Cowles
Address Ostrander (Delaware County) Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Volume 3, page 95, No.135 of birth records of Union County, Ohio.
Your applicant hereby makes application for an order of the Court, directing correction of her birth record *as provided by law.*

Lois Eleanor Haggard *Applicant*

The State of Ohio, Franklin **County.**
The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Lois Eleanor Haggard *Applicant*
P. O. Address 26 Crestview Road, Columbus, Ohio

Sworn to before me and signed in my presence this 4th *day of* November *19* 44.

Raymond H. Beard
Notary Public, State of Ohio
Commission expires 10/3/47
(Official Title)

(Seal)

AFFIDAVIT

In the Matter of ____
of ____

Probate Court, ____ **County, Ohio**

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Franklin **County, ss.**

I, Viola Stimmel Haggard, mother of Lois Eleanor Haggard, 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.*

Viola Stimmel Haggard
P. O. Address 26 Crestview Road, Columbus, Ohio

Sworn to before me and signed in my presence this 3rd *day of* November *19* 44.

Raymond H. Beard
Notary Public, State of Ohio
Commission expires 10/3/47
(Official Title)

(Seal)

The State of Ohio, Franklin **County, ss.**

I, John Franklin Haggard, father of Lois Eleanor Haggard, 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 Franklin Haggard
P. O. Address 26 Crestview Road, Columbus, Ohio

Sworn to before me and signed in my presence this 4rd *day of* November *19* 44.

Raymond H. Beard
Notary Public, State of Ohio
Commission expires 10/3/47
(Official Title)

(Seal)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Lois Eleanor Haggard

Nov. 6 *19*44
Case No. A-604

ORDER FOR HEARING

This day Lois Eleanor Haggard *appeared in open court and filed an application for the* correction of her birth record

It is ordered that hearing on said application be had forthwith and notice dispensed with.

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Lois Eleanor Haggard

Probate Court, Union **County, Ohio**

November 6 / *19* 44

Case No. A-604

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Lois Eleanor Haggard *for an order of The Court correcting* her *birth record, as it is registered in the office of* the Court, Vol. 3, page 95, No. 135. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* affidavits of the applicant and Viola Stimmel Haggard, mother, and John Franklin Haggard, father of applicant ; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Dover Township (City) (Village) (Township)

(c) Name of hospital or institution: Home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ..... In this community years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Dover Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Haggard (Surname) Lois (First) Eleanor (Middle)

4. Date of birth May 30, 1903 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Haggard, (Surname) John (First) Franklin (Middle)

10. Color or race White 11. Age at time of this birth 31 yrs.

12. Birthplace Millcreek Twp. Union Co. Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Stimmel (Surname) Viola (First) (Middle)

16. Color or race White 17. Age at time of this birth 30 yrs.

18. Birthplace Millcreek Twp. Union Co. Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? one
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. G. E. Cowles
Address Ostrander (Delaware Co.) Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:
the name of the applicant be corrected from Louise E. Haggard to Lois Eleanor Haggard.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.*

..... *, having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; ..... ; *that notice of the hearing on said application has been* ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Bernice Jean Westlake

Case No. A-605

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) Paris Township (City) (Village) (Township)
(c) Name of hospital or institution: Route 1, Marysville, Ohio (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 38 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Paris Township (City) (Village) (Township)
(d) Street No. Route 1, Marysville, Ohio

3. Full name of child Westlake (Surname) Bernice (First) Jean (Middle)

4. Date of birth 5-28-17 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: no — If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Westlake (Surname) Charles (First) Henderson (Middle)
10. Color or race White — 11. Age at time of this birth 43 yrs.
12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Cody, Nellie Mae (Surname) (First) (Middle)
16. Color or race White — 17. Age at time of this birth 40 yrs.
18. Birthplace Danville (City, town, or county) Illinois (State or foreign country)
19. Usual occupation Housewife
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 3
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name P.D. Longbrake
Address Marysville, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded on the birth records at the Ohio Department of Health, Bureau of Vital Statistics, Columbus, Ohio
Your applicant hereby makes application for an order of the Court, directing correction of her birth records *as provided by law.*

Bernice Jean Westlake *Applicant*

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.*

Bernice Jean Westlake *Applicant*
P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 9th *day of* November *19* 44.

M. L. Rausch
M.L.Rausch, Notary Public in and for Union County, Ohio. My commission expires April 6, 1947
(Official Title)

(Seal)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

(Seal)

The State of Ohio, Union **County, ss.**

I, Christine Westlake, 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.*

Christine Westlake
P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 4 *day of* November *19* 44.

M. L. Rausch
M.L.Rausch, Notary Public, in and for Union County, Ohio. My commission expires April 6, 1947
(Official Title)

(Seal)

The State of Ohio, Union **County, ss.**

I, Ada M. Westlake, 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.*

Ada M. Westlake
P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 8 *day of* November *19* 44

M. L. Rausch
M.L.Rausch, Notary Public in and for Union County, Ohio. My commission expires April 6, 1947
(Official Title)

(Seal)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Bernice Jean Westlake

November 9 *19* 44

Case No. A-605

ORDER FOR HEARING

This day Bernice Jean Westlake *appeared in open court and filed an application for the* correction of her birth record

It is ordered that hearing on said application be had forthwith and notice dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Bernice Jean Westlake

Probate Court, Union **County, Ohio**

November 9 1944

Case No. A-605

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Bernice Jean Westlake *for an order of The Court correcting* her *birth record, as it is registered in the office of* Bureau of Vital Statistics, Ohio Department of Health, Columbus, Ohio *The Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Paris Township (City) (Village) (Township)
(c) Name of hospital or institution: Route 1, Marysville, Ohio (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 38 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Paris Township (City) (Village) (Township)
(d) Street No. Route 1, Marysville, Ohio

3. Full name of child: Westlake (Surname) Bernice (First) Jean (Middle)
4. Date of birth 5-28-17 (Month) (Day) (Year)
5. Sex: Female
6. Twin or triplet: No — If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy: 9
8. Mother married? Yes

FATHER OF CHILD
9. Full name: Westlake, Charles Henderson (Surname) (First) (Middle)
10. Color or race: White
11. Age at time of this birth: 43 yrs.
12. Birthplace: Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation: Farmer
14. Industry or business: Farming

MOTHER OF CHILD
15. Full maiden name: Cody, Nellie Mae (Surname) (First) (Middle)
16. Color or race: White
17. Age at time of this birth: 40 yrs.
18. Birthplace: Danville (City, town, or county) Illinois (State or foreign country)
19. Usual occupation: Housewife
20. Industry or business:

21. Children born to this mother:
(a) How many other children of this mother are now living? 3
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name: P. D. Longbrake
Address: Marysville, Ohio
M. D., midwife, or other: M. D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

Applicant's name is to be inserted on tne Birth Record.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

..... *19*.....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.* ....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* .....; *that notice of the hearing on said application has been* .....; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)
4. Date of birth ..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married? .....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Edgar Morrison Erb

Case No. A-607

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Patterson, California *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Milford Center (City) Union (Village) Union (Township)
(c) Name of hospital or institution: Home: Corner Mill and Reed Streets
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 28 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Milford Center (City) Union (Village) Union (Township)
(d) Street No. Corner Mill and Reed Streets

3. Full name of child Erb (Surname) Edgar (First) Morrison (Middle)

4. Date of birth Sept. 11, 1886 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? Sept. 11, 1886

FATHER OF CHILD

9. Full name Erb, (Surname) Charles (First) Henry (Middle)
10. Color or race white 11. Age at time of this birth 32 yrs.
12. Birthplace Milford Center, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Carriage builder
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Cranston, (Surname) Viola (First) (Middle)
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Darby Township, (City, town, or county) Union Co., Ohio (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. W. Y. Roots
Address Milford Center, Union Co., Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3, page 53, of the birth records of Union County, Ohio. *record.*
Your applicant hereby makes application for an order of the Court, directing the correction of his birth *as provided by law.*

Edgar Morrison Erb *Applicant*

The State of Ohio, California, Stanislaus **County.**
The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Edgar Morrison Erb *Applicant*

P. O. Address .....

Sworn to before me and signed in my presence this 4 *day of* January *19* 46.

R. J. Spooner
Notary Public
(Official Title)

(Seal)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, California, San Joaquin **County, ss.**

I, J. Lee Long, Cousin, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

J. Lee Long

P. O. Address Lathrop, Cal.

Sworn to before me and signed in my presence this 26th *day of* May *19* 45.

J. W. Brown
Notary Public in and for the County of San Joaquin, State of California
(Official Title)

(Seal)

The State of Ohio, Miami **County, ss.**

I, John B. Cranston, 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 B. Cranston

P. O. Address 641 W. Boone St., Piqua, Ohio

Sworn to before me and signed in my presence this 11th *day of* May *19* 45.

H. N. Lilley
Notary Public
(Official Title)

(Seal)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Edgar Morrison Erb

February 1 *19* 46

Case No. A-607

ORDER FOR HEARING

This day Edgar Morrison Erb *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and notice thereof dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Edgar Morrison Erb

Probate Court, Union **County, Ohio**

February 1 *19*46

Case No. A-607

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Edgar Morrison Erb *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Court, Vol. 3, page 53. The Court, *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Milford Center (City) Union (Village) (Township)

(c) Name of hospital or institution: Home: Corner Mill and Reed Streets (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community 28 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Milford Center (City) Union (Village) (Township)

(d) Street No. Corner Mill and Reed Streets

3. Full name of child Erb (Surname) Edgar (First) Morrison (Middle)

4. Date of birth Sept. 11, 1886 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Erb, (Surname) Charles (First) Henry (Middle)

10. Color or race white 11. Age at time of this birth 32 yrs.

12. Birthplace Milford Center, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Carriage builder

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Cranston, Viola (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 28 yrs.

18. Birthplace Darby Township, Union Co. Ohio (City, town, or county) (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? 2
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name Dr. W. Y. Roots
Address Milford Center, Union County, Ohio.
M. D., midwife, or other .....

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the name of the applicant be corrected from "Charley Erb" to Edgar Morrison Erb.

It is further ordered that this proceeding be recorded, and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal)

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19.....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.*

....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* .....;

that notice of the hearing on said application has been .....; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) ..... (Village) ..... (Township)

(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) ..... (Village) ..... (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) ..... (First) ..... (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) ..... (First) ..... (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) ..... (First) ..... (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record

of Roy Herbert Reese

Case No. A-613

APPLICATION

Your applicant respectfully represents that he *was born in* Clark *County, Ohio; that* he *now resides in* Richwood, Union Co. Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Clark

(b) 920 Sherman Ave., (City) Springfield, (Village) Ohio (Township)

(c) Name of hospital or institution: Home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 2 yrs.

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Clark

(c) Springfield, (City) Ohio (Village) (Township)

(d) Street No. 920 Sherman Ave.,

3. Full name of child Reese (Surname) Roy (First) Herbert (Middle)

4. Date of birth June 1, (Month) 1923 (Day) (Year)

5. Sex: Male

6. Twin or triplet: no — If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Reese (Surname) Harry (First) (Middle)

10. Color or race White 11. Age at time of this birth 26 yrs.

12. Birthplace Oak Hill, (City, town, or county) Jackson Co. Ohio (State or foreign country)

13. Usual occupation Laborer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Mercer (Surname) Hazel (First) Marie (Middle)

16. Color or race White 17. Age at time of this birth 23 yrs.

18. Birthplace Jackson, (City, town, or county) Jackson Co. Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business None

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Whitaker, Springfield, Ohio (Now dec'd.)

Address Springfield, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Birth Records of Bureau of Vital Statistics, Columbus, Ohio, File No. 52785, and Serial No. 332698. First and Middle name is Recorded "Leonard Samuel" and should be "Roy Herbert"

Your applicant hereby makes application for an order of the Court, directing correction of his birth record, *as provided by law.*

Roy Herbert Reese *Applicant*

The State of 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 Herbert Reese *Applicant*

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 13th *day of* March *19* 45

F. LeRoy Allen

(Seal)

F.LeRoy Allen, Notary Public, State of Ohio

My commission expires Feb. 15, 1948

(Official Title)

AFFIDAVIT

In the Matter of

of

Probate Court, County, Ohio

The State of Ohio, County, ss.

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19* .

(Official Title)

The State of Ohio, Union **County, ss.**

I, Harry Reese, 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 Reese

P. O. Address

Sworn to before me and signed in my presence this 13th *day of* March A. D. *19* 45.

F. LeRoy Allen

(Seal)

F.LeRoy Allen, Notary Public, State of Ohio.

My commission expires Feb. 15, 1948

(Official Title)

The State of Ohio, Union **County, ss.**

I, Hazel Marie Reese, 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.*

Hazel Marie Reese

P. O. Address

Sworn to before me and signed in my presence this 13th *day of* March A. D. *19* 45.

F. LeRoy Allen

(Seal)

F.LeRoy Allen, Notary Public, State of Ohio.

My commission expires Feb. 15, 1948

(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Roy Herbert Reese

March 17 *19* 45

Case No. A-613

ORDER FOR HEARING

This day Roy Herbert Reese *appeared in open court and filed an application for the* correction of his birth record

It is ordered that hearing on said application be had forthwith, notice dispensed with.

It is further ordered by The Court that *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Roy Herbert Reese

Probate Court, Union **County, Ohio**

March 17th *19*45.

Case No. A-613

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Roy Herbert Reese *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Vital Statistics Division of the Ohio Department of Health, Columbus, Ohio. *The Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Clark
(b) 920 Sherman Ave., Springfield, Ohio (City) (Village) (Township)
(c) Name of hospital or institution: Home (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 2 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Clark
(c) Springfield, Ohio (City) (Village) (Township)
(d) Street No. 920 Sherman Ave.

3. Full name of child Reese (Surname) Roy (First) Herbert (Middle)
4. Date of birth June 1, 1923 (Month) (Day) (Year)
5. Sex Male
6. Twin or triplet no If so—born 1st, 2d, or 3d
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD
9. Full name Reese (Surname) Harry (First) (Middle)
10. Color or race White 11. Age at time of this birth 26 yrs.
12. Birthplace Oak Hill, Jackson Co., Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Laborer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Mercer (Surname) Hazel (First) Marie (Middle)
16. Color or race White 17. Age at time of this birth 23 yrs.
18. Birthplace Jackson, Jackson Co., Ohio (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business None

21. Children born to this mother:
(a) How many other children of this mother are now living? none
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Whitaker, Springfield, Ohio (now dec'd)
Address
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:
that the registration of his birth be corrected from "Leonard Samuel Reese" to"Roy Herbert Reese."

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

(Seal)

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.* ....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... ; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County
(b) (City) (Village) (Township)
(c) Name of hospital or institution: (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State
(b) County
(c) (City) (Village) (Township)
(d) Street No.

3. Full name of child (Surname) (First) (Middle)
4. Date of birth (Month) (Day) (Year)
5. Sex
6. Twin or triplet If so—born 1st, 2d, or 3d
7. Number months of pregnancy
8. Mother married?

FATHER OF CHILD
9. Full name (Surname) (First) (Middle)
10. Color or race 11. Age at time of this birth yrs.
12. Birthplace (City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD
15. Full maiden name (Surname) (First) (Middle)
16. Color or race 17. Age at time of this birth yrs.
18. Birthplace (City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name
Address
M. D., midwife, or other Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Bertha Bell Wallace

Case No. A-615

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Franklin County, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Leesburg Township (City) (Village) (Township)
(c) Name of hospital or institution: home (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 30 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Wallace (Surname) Bertha (First) Bell (Middle)

4. Date of birth Feb. 22, 1878 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: no — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Wallace, George M. (Surname, First, Middle)
10. Color or race White 11. Age at time of this birth 30 yrs.
12. Birthplace Licking County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Cunningham, Julia A. (Surname, First, Middle)
16. Color or race White 17. Age at time of this birth 30 yrs.
18. Birthplace Licking County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 5
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name unknown
Address .....
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Vol.1, page 222 of the records of this Court in that her birth record shows "Wallace (Not Named)"
Your applicant hereby makes application for an order of the Court, directing the correction of her birth, *as provided by law.*

Bertha Bell Wallace McVay *Applicant*

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 Bell Wallace McVay *Applicant*

P. O. Address Columbus Ohio

Sworn to before me and signed in my presence this 13th *day of* April *19* 45.

Betty Geer
(Seal)
Deputy Clerk (Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Lenora Dell Parmer 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.*

Lenora Dell Parmer

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 13th *day of* April *19* 45.

Betty Geer
(Seal)
Deputy Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, H. B. Turney, 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.*

H. B. Turney

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 13th *day of* April *19* 45.

Betty Geer
Deputy Clerk (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Bertha Bell Wallace

April 13 *19* 45

Case No. A-615

ORDER FOR HEARING

This day Bertha Bell Wallace *appeared in open court and filed an application for the* correction of her birth record

It is ordered that hearing on said application be had forthwith and notice dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Bertha Bell Wallace

Probate Court, Union **County, Ohio**

April 13 *19*45

Case No. A-615

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Bertha Bell Wallace McVay *for an order of The Court correcting* her *birth record, as it is registered in the office of* this court Vol. 1, page 222. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of Lenora Dell Parmer and H. B. Turney, two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Leesburg Township (City) (Village) (Township)
(c) Name of hospital or institution: home (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 30 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Wallace (Surname) Bertha (First) Bell (Middle)
4. Date of birth Feb. 22, 1878 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet no If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Wallace, (Surname) George (First) W. (Middle)
10. Color or race White 11. Age at time of this birth 30 yrs.
12. Birthplace Licking County, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Cunningham, (Surname) Julia (First) A. (Middle)
16. Color or race White 17. Age at time of this birth 30 yrs.
18. Birthplace Licking County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother:
(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 unknown
Address .....
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:
that the record be corrected from "Wallace (Not Named)" to Bertha Bell Wallace

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19.....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.* ....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* .....; *that notice of the hearing on said application has been* .....; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)
4. Date of birth ..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy .....
8. Mother married? .....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Olive Ann Gill

Case No. A-617

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Washington, D. C. *; 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 (City) (Village) (Township)
(c) Name of hospital or institution: home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 7 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jerome Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Gill, (Surname) Olive (First) Ann (Middle)

4. Date of birth Feb. 16, 1903 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: no — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Gill, (Surname) Jesse (First) Curry (Middle)
10. Color or race White — 11. Age at time of this birth 31 yrs.
12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation farmer
14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Hughs, (Surname) Josie May (First) (Middle)
16. Color or race White — 17. Age at time of this birth 25 yrs.
18. Birthplace Delaware County, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 3
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Joseph S. Howland
Address Plain City, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not properly or accurately recorded in the records of the Probate Court, Volume 3, page 163, in that her name is given as "Joe Olive Gill" and should be "Olive Ann Gill."

Your applicant hereby makes application for an order of the Court, directing correction of her birth record *as provided by law.*

Olive Ann Gill *Applicant*

The State of Ohio, Washington, District of Columbia County.

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Olive Ann Gill *Applicant*

P. O. Address 1751 N St.N.W., Washington, D. C.

Sworn to before me and signed in my presence this 5 *day of* May *19* 45.

A. V. Campbell
Notary Public. My commission expires Nov. 8, 1949
(Official Title)

(Seal)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... County, ss.

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

(Seal)

The State of Ohio, Union County, ss.

I, Josie May Gill, 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.*

Josie May Gill

P. O. Address Route # 4, Marysville, Ohio

Sworn to before me and signed in my presence this 7 *day of* May *19* 45.

Betty Geer
Deputy Clerk
(Official Title)

(Seal)

The State of Ohio, Union County, ss.

I, Amy Gay Baughman, 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.*

Amy Gay Baughman

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 7 *day of* May *19* 45.

Betty Geer
Deputy Clerk
(Official Title)

(Seal)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Olive Ann Gill

May 7 *19* 45.

Case No. A-617

ORDER FOR HEARING

This day Olive Ann Gill *appeared in open court and filed an application for the* correction of her birth record

It is ordered that hearing on said application be had forthwith and notice dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Olive Ann Gill

Probate Court, Union **County, Ohio**

May 7 *19* 45

Case No. A-617

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Olive Ann Gill *for an order of The Court correcting* her *birth record, as it is registered in the office of* this Court, Volume 3, page 163. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of Josie May Gill, mother, and Amy Gay Baughman, aunt, two credible witnesses ; *that notice of the hearing on said application has been* dispensed with ; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Jerome Township (City) (Village) (Township)
(c) Name of hospital or institution: home (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 7 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jerome Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Gill (Surname) Olive (First) Ann (Middle)
4. Date of birth Feb. 16, 1903 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet no If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Gill, Jesse Curry (Surname) (First) (Middle)
10. Color or race White 11. Age at time of this birth 31 yrs.
12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation farmer
14. Industry or business farming

MOTHER OF CHILD
15. Full maiden name Hughs, Josie May (Surname) (First) (Middle)
16. Color or race White 17. Age at time of this birth 25 yrs.
18. Birthplace Delaware County, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....
22. Attending Physician or Midwife:
Name Dr. Joseph S. Howland
Address Plain City, Ohio
M. D., midwife, or other .....

21. Children born to this mother:
(a) How many other children of this mother are now living? 3
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0
Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:
that her name be corrected from "Joe Olive Gill" as it now appears on record, to "Olive Ann Gill."

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.* ....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... ; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)
4. Date of birth ..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy .....
8. Mother married? .....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business .....
22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....
Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of Oliver Frederick Walke

Case No. A-620

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Independence, Montgomery County, Kansas *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Milford Center (City) (Village) (Township)
(c) Name of hospital or institution: 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 .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Milford
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Walke (Surname) Oliver (First) Frederick (Middle)
4. Date of birth Apr. 2, 1888 (Month) (Day) (Year)
5. Sex Male
6. Twin or triplet no / no
If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy .....
8. Mother married? yes

FATHER OF CHILD

9. Full name Walke (Surname) William (First) Hammond (Middle)
10. Color or race White 11. Age at time of this birth 23 yrs.
12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

21. Children born to this mother before this birth: none
(a) How many other children of this mother were living? .....
(b) How many other children were born alive but were then dead? .....
(c) How many children were born dead? .....

MOTHER OF CHILD

15. Full maiden name Rilla McDougall (Surname) (First) (Middle)
16. Color or race White 17. Age at time of this birth 23 yrs.
18. Birthplace Woodstock, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

22. Attending Physician or Midwife:
Name Dr. Roots
Address Milford Center, Ohio
.....
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* was incorrect; that he was registered as "John Walke" instead of Oliver Frederick Walke and that his date of birth was given as March 31st, 1888
Your applicant hereby makes application for an order of the Court, directing that his registration of birth be corrected *as provided by law.*

..... *Applicant*

The State of Ohio, Kansas, Montgomery **County.**
The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Oliver Frederick Walke *Applicant*
P. O. Address 318 N. 6th St. Independence, Kan.

Sworn to before me and signed in my presence this 8 *day of* July *19* 42.

Anna Truttman
Notary Public. My commission expires
(Seal) Jany. 17, 1946 (Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....
(Official Title)

The State of Ohio, Kansas., Cherokee **County, ss.**

I, Anthony E. Walke, uncle of Oliver Frederick Walke, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Anthony E. Walke
P. O. Address Columbus, Kansas

Sworn to before me and signed in my presence this 8th *day of* July *19* 42

Lois Mason
(Seal) Clerk of the District Court
(Official Title)

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

.....
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Oliver Frederick Walke

May 17 *19* 45
Case No. A-620

ORDER FOR HEARING

This day Oliver Frederick Walke *appeared in open court and filed an application for the* correction of his birth record

It is ordered that hearing on said application be had forthwith and notice thereof dispensed with.

It is further ordered, by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Oliver Frederick Walke

Probate Court, Union **County, Ohio**

May 17 *19* 45

Case No. A-620

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Oliver Frederick Walke *for an order of The Court correcting* his *birth record, as it is registered in the office of* this Court, Vol. 3, page 210. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of the applicant and Anthony E. Walke, uncle of the applicant; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County: Union
(b): Milford Center (City) (Village) (Township)
(c) Name of hospital or institution: Home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution: ____ In this community: ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State: Ohio
(b) County: Union
(c): Milford Center (City) (Village) (Township)
(d) Street No.: ____

3. Full name of child: Walke (Surname) Oliver (First) Frederick (Middle)
4. Date of birth: Apr. 2, 1888 (Month) (Day) (Year)
5. Sex: Male
6. Twin or triplet: no If so—born 1st, 2d, or 3d: ____
7. Number months of pregnancy: ____
8. Mother married? yes

FATHER OF CHILD
9. Full name: Walke, William Hammond (Surname) (First) (Middle)
10. Color or race: White 11. Age at time of this birth: 23 yrs.
12. Birthplace: Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation: Farmer
14. Industry or business: ____

MOTHER OF CHILD
15. Full maiden name: McDougall, Rilla (Surname) (First) (Middle)
16. Color or race: White 17. Age at time of this birth: 23 yrs.
18. Birthplace: Woodstock (City, town, or county) Ohio (State or foreign country)
19. Usual occupation: Housewife
20. Industry or business: ____

21. Children born to this mother: none
(a) How many other children of this mother are now living?
(b) 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. Roots
Address: Milford Center, Ohio
M. D., midwife, or other: ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that his name be corrected from "John Walke" to Oliver Frederidk Walke, and the date of birth corrected from March 31, 1888, to April 2, 1888.

It is further ordered that this proceeding be recorded, and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ **County, Ohio**

19 ____

Case No. ____

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____; *that notice of the hearing on said application has been* ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County:
(b): (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution: ____ In this community: ____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State:
(b) County:
(c): (City) (Village) (Township)
(d) Street No.:

3. Full name of child: (Surname) (First) (Middle)
4. Date of birth: (Month) (Day) (Year)
5. Sex:
6. Twin or triplet: If so—born 1st, 2d, or 3d:
7. Number months of pregnancy:
8. Mother married?

FATHER OF CHILD
9. Full name: (Surname) (First) (Middle)
10. Color or race: 11. Age at time of this birth: yrs.
12. Birthplace: (City, town, or county) (State or foreign country)
13. Usual occupation:
14. Industry or business:

MOTHER OF CHILD
15. Full maiden name: (Surname) (First) (Middle)
16. Color or race: 17. Age at time of this birth: yrs.
18. Birthplace: (City, town, or county) (State or foreign country)
19. Usual occupation:
20. Industry or business:

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name:
Address:
M. D., midwife, or other: Date signed:

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Emory Everett Johnson

Case No. A-631

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Oak Harbor, Ottawa County; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) near Richwood, York Twp.
(City) (Village) (Township)
(c) Name of hospital or institution: at home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community life
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) near Richwood, York Twp.
(City) (Village) (Township)
(d) Street No. .....

3. Full name of child Johnson (Surname) Emory (First) Everett (Middle)

4. Date of birth Sept. 20, 1876 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: no — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Johnson (Surname) Addison (First) Pierce (Middle)
10. Color or race White — 11. Age at time of this birth 24 yrs.
12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation farming
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Long (Surname) Rebecca (First) Jane (Middle)
16. Color or race White — 17. Age at time of this birth 27 yrs.
18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 1
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name not known
Address .....
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol.1, page 208 of birth records of Union County, Ohio, in that applicant's middle name was incorrectly registered.

Your applicant hereby makes application for an order of the Court, directing correction of his birth record *as provided by law.*

Emory Everett Johnson *Applicant*

The State of Ohio, Ottawa **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Emory Everett Johnson *Applicant*

P. O. Address 217 W. Water St., Oak Harbor, O.

Sworn to before me and signed in my presence this 6th *day of* May *19*43.

Peter W. Gulau
Probate Judge
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Clyde S. Chandler, 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.*

Clyde S. Chandler

P. O. Address .....

Sworn to before me and signed in my presence this 13th *day of* November *19* 45.

(Seal)

Betty Geer
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Zaidee Chandler, 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.*

Miss Zaidee Chandler

P. O. Address .....

Sworn to before me and signed in my presence this 13 *day of* November *19* 45.

(Seal)

Betty Geer
Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Emory Everett Johnson

November 13 1945

Case No. A-631

ORDER FOR HEARING

This day Emory Everett Johnson *appeared in open court and filed an application for the* correction of his birth record

It is ordered that hearing on said application be had forthwith and notice dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Emory Everett Johnson

Probate Court, Union **County, Ohio**

November 13 *19* 45

Case No. A-631

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Emory Everett Johnson *for an order of The Court correcting* his *birth record, as it is registered in the office of* this Court, Volume 1, page 208. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of Clyde S. Chandler and Zaidee Chandler, two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) York 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 life (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) York Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Johnson (Surname) Emory (First) Everett (Middle)
4. Date of birth Sept. 20, 1876 (Month) (Day) (Year)
5. Sex Male
6. Twin or triplet no If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Johnson, (Surname) Addison (First) Pierce (Middle)
10. Color or race White 11. Age at time of this birth 24 yrs.
12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation farming
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Long, (Surname) Rebecca Jane (First) (Middle)
16. Color or race White 17. Age at time of this birth 27 yrs.
18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? 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 not known
Address .....
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that his name be corrected from "E.M. Johnson" to Emory Everett Johnson.

It is further ordered that this proceeding be recorded, and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.*

....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)
4. Date of birth ..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy .....
8. Mother married? .....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record

of Arthur J. Newlove

Case No. A-630

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Arlington, California *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris (City) (Village) (Township)

(c) Name of hospital or institution: at home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Union Co. Perris Twp. Ohio

(b) County

(c) (City) (Village) (Township)

(d) Street No. None

3. Full name of child ..... (Surname) ..... (First) ..... (Middle)

4. Date of birth April 8, 1868 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet

If so—born 1st, 2d, or 3d

7. Number months of pregnancy

8. Mother married? yes

FATHER OF CHILD

9. Full name John (Surname) None (First) Newlove (Middle)

10. Color or race White 11. Age at time of this birth 29 yrs.

12. Birthplace Marysville (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Mary M. Amerine (Surname) (First) (Middle)

16. Color or race White 17. Age at time of this birth 27 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother 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 D. W. Henderson, M. D.

Address No address except Marysville, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is correct except for the name of the child which is not given, and said name should have been given as Arthur J. Newlove

Your applicant hereby makes application for an order of the Court, directing correction *, as provided by law.*

Arthur J. Newlove *Applicant*

The State of Ohio, California, Riverside **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Arthur J. Newlove *Applicant*

P. O. Address 3751 Merickel Street, Arlington, California

Sworn to before me and signed in my presence this 24th *day of* November *19* 45.

G. E. Jones

(Seal)

Notary Public (Official Title)

My commission expires August 9, 1949

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....

(Official Title)

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

.....

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....

(Official Title)

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

.....

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record

of Arthur J. Newlove

November 28 *19* 45

Case No. A-630

ORDER FOR HEARING

This day Arthur J. Newlove *appeared in open court and filed an application for the* correction of his birth record

It is ordered that hearing on said application be had forthwith and notice dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Arthur J. Newlove

Probate Court, Union **County, Ohio**

November 28 *19* 45

Case No. A-630

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Arthur J. Newlove *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Court, Volume 1, page 14 The Court, *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* good and sufficient documentary evidence; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) ..... Paris
(City) (Village) (Township)
(c) Name of hospital or institution: at home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Paris Township
(City) (Village) (Township)
(d) Street No. .....

3. Full name of child Newlove (Surname) Arthur (First) J. (Middle)

4. Date of birth April 8, 1868 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? yes

FATHER OF CHILD

9. Full name Newlove, John --
Surname First Middle
10. Color or race White 11. Age at time of this birth 29 yrs.
12. Birthplace Marysville, Ohio
(City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Amerine, Mary M.
Surname First Middle
16. Color or race White 17. Age at time of this birth 27 yrs.
18. Birthplace Union County, Ohio
(City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? 0
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name D. W. Henderson, M. D.
Address Marysville, Ohio
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the given name of said Arthur J. Newlove be placed on said record.

It is further ordered that this proceeding be recorded, and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.*

....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* .....;

that notice of the hearing on said application has been .....; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) .....
(City) (Village) (Township)
(c) Name of hospital or institution: .....
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) .....
(City) (Village) (Township)
(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, ...**County, Ohio**

In the Matter of the.....
of .....

Case No......

APPLICATION

Your applicant respectfully represents that.....*was born in*.....*County, Ohio; that*.....*now resides in* .....*; and that the following are the available facts with relation to*.....*birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County.....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living?.....
(b) How many other children were born alive but were then dead?.....
(c) How many children were born dead?.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of.....*birth* .....

Your applicant hereby makes application for an order of the Court, directing....., *as provided by law.*

..... *Applicant*

The State of Ohio,.....**County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as.....*verily believes.*

..... *Applicant*

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

..... (Official Title)

AFFIDAVIT

In the Matter of.....
of .....

Probate Court,.....**County, Ohio**

The State of Ohio,.....**County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of*....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

..... (Official Title)

The State of Ohio,.....**County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

..... (Official Title)

The State of Ohio,.....**County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

..... (Official Title)

Probate Court, ...**County, Ohio**

In the Matter of the.....
of .....

..... *19*.....

Case No......

ORDER FOR HEARING

This day .....*appeared in open court and filed an application for the* .....

It is ordered that hearing on said application.....

It is further ordered by The Court that.....*be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page..... ..... *Probate Judge.*

Filed Dec. 7, 1945
Case No. A-634

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Esta Mae Beightler

Probate Court, Fulton **County, Ohio**

December 5 *19* 45

Case No. 1215

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Esta Mae Beightler Williams *for an order of The Court correcting* her *birth record, as it is registered in the office of* the Probate Court of Union County, Ohio, and the Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of Robert Harold Beightler, brother, and Anna E. Donley, aunt, of the applicant; ; *that notice of the hearing on said application has been* waived ; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) ——— Paris
(City) (Village) (Township)

(c) Name of hospital or institution: ———
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ——— In this community ———
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ——— Paris
(City) (Village) (Township)

(d) Street No. ———

3. Full name of child Beightler (Surname) Esta (First) Mae (Middle)

4. Date of birth Dec. 18, 1880 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: no If so—born 1st, 2d, or 3d ———

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Beightler, Warren H. (Surname) (First) (Middle)

10. Color or race White 11. Age at time of this birth 27 yrs.

12. Birthplace Near Marysville, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business --

MOTHER OF CHILD

15. Full maiden name Donley, Flora Dell (Surname) (First) (Middle)

16. Color or race White 17. Age at time of this birth 21 yrs.

18. Birthplace Near Marysville, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Seamstress & 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. Southard
Address Marysville, Ohio
———
M. D., midwife, or other ———

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: in accordance with the facts above set forth.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

A. M. Barber *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ———

Probate Court, ——— **County, Ohio**

19 ———

Case No. ———

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ——— *for an order of The Court directing the registration of* ——— *birth.* ———, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ———; *that notice of the hearing on said application has been* ———; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ———

(b) ——— (City) (Village) (Township)

(c) Name of hospital or institution: ———
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ——— In this community ———
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ———

(b) County ———

(c) ——— (City) (Village) (Township)

(d) Street No. ———

3. Full name of child ——— (Surname) (First) (Middle)

4. Date of birth ——— (Month) (Day) (Year)

5. Sex ———

6. Twin or triplet ——— If so—born 1st, 2d, or 3d ———

7. Number months of pregnancy ———

8. Mother married? ———

FATHER OF CHILD

9. Full name ——— (Surname) (First) (Middle)

10. Color or race ——— 11. Age at time of this birth ——— yrs.

12. Birthplace ——— (City, town, or county) ——— (State or foreign country)

13. Usual occupation ———

14. Industry or business ———

MOTHER OF CHILD

15. Full maiden name ——— (Surname) (First) (Middle)

16. Color or race ——— 17. Age at time of this birth ——— yrs.

18. Birthplace ——— (City, town, or county) ——— (State or foreign country)

19. Usual occupation ———

20. Industry or business ———

21. Children born to this mother:
(a) How many other children of this mother are now living? ———
(b) How many other children were born alive but are now dead? ———
(c) How many children were born dead? ———

22. Attending Physician or Midwife:
Name ———
Address ———
———
M. D., midwife, or other ——— Date signed ———

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

——— *Probate Judge.*

——— *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the The Registration *of* Birth of William Mardo Huffman

Case No. A-639

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Champaign, County *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Allen Township (City) (Village) (Township)

(c) Name of hospital or institution: Home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 19 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Allen Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Huffman, William, Mardo (Surname, First, Middle)

4. Date of birth 9/2/1900 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Huffman, Pearl (Surname, First, Middle)

10. Color or race White 11. Age at time of this birth 23 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Smith, Allie (Surname, First, Middle)

16. Color or race White 17. Age at time of this birth 19 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? .....

(c) How many children were born dead? None

22. Attending Physician or Midwife:

Name Dr. Smith

Address Marysville, Ohio R. D.

M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth, *as provided by law.*

William Mardo Huffman *Applicant*

The State of 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 Mardo Huffman *Applicant*

P. O. Address North Lewisburg, Ohio

Sworn to before me and signed in my presence this 17th *day of* April *19* 46

John W. Dailey

Probate Judge (Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, Union County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Pearl Huffman, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Pearl Huffman

P. O. Address North Lewisburg, Ohio

Sworn to before me and signed in my presence this 17th *day of* April *19*46.

John W. Dailey

Probate Judge (Official Title)

The State of Ohio, Union **County, ss.**

I, Allie Huffman, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Allie Huffman

P. O. Address North Lewisburg, Ohio

Sworn to before me and signed in my presence this 17th *day of* April *19*46.

John W. Dailey

Probate Judge (Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration *of* Birth of William Mardo Huffman

April 17, 1946

Case No. A-639

ORDER FOR HEARING

This day William Mardo Huffman *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application he had forthwith and that notice thereof be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

.....*19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of William Mardo Huffman

Probate Court, Union **County, Ohio**

April 17, *19*46

Case No. A-639

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of William Mardo Huffman
for an order of The Court directing the registration of his *birth.*
The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* credible witnesses ;
that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Allen Township (City) (Village) (Township)
(c) Name of hospital or institution:
Home (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 19 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Allen Township (City) (Village) (Township)
(d) Street No.....

3. Full name of child Huffman (Surname) William (First) Mardo (Middle)

4. Date of birth 9/2/1900 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Huffman (Surname) Pearl (First) (Middle)
10. Color or race White 11. Age at time of this birth 23 yrs.
12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Smith (Surname) Allie (First) (Middle)
16. Color or race White 17. Age at time of this birth 17 yrs.
18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living? None
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name Dr. Smith
Address Marysville, Ohio R. D.
.....
M. D., midwife, or other.....Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record

of Lida Ann Shriver

Case No. A-640 ✓

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Franklin County *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union County

(b) Darby Township (City) (Village) (Township)

(c) Name of hospital or institution: Darby Township (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution No In this community Yes (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Darby Township (City) (Village) (Township)

(d) Street No. None

3. Full name of child Shriver (Surname) Lida (First) Ann (Middle)

4. Date of birth June 23, 1906 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet No If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Shriver (Surname) James (First) Henry (Middle)

10. Color or race White 11. Age at time of this birth 35 yrs.

12. Birthplace Franklin County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farmer

MOTHER OF CHILD

15. Full maiden name Houchard (Surname) Lily (First) Mae (Middle)

16. Color or race White 17. Age at time of this birth 34 yrs.

18. Birthplace Franklin County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business ----

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 8

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. Jenkins

Address Plain City, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Vol. 3 P. 224 Name incorrect Day of birth incorrect. Mother's maiden name incorrect cord

Your applicant hereby makes application for an order of the Court, directing the correction of birth re-/, *as provided by law.*

Lida Ann Shriver *Applicant*

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.*

Lida Ann Shriver *Applicant*

P. O. Address 784 Marburn Drive Columbus, Ohio

Sworn to before me and signed in my presence this 15th *day of* April *19*46.

Ernest A. Grabiel

Notary Public, State of Ohio (Official Title)

AFFIDAVIT

In the Matter of ____

of ____

Probate Court, ____ County, Ohio

The State of Ohio, ____ **County, ss.**

I, ____, *do hereby certify that I was the physician in attendance at the birth of* ____, *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ____

Sworn to before me and signed in my presence this ____ *day of* ____ *19*____.

(Official Title)

The State of Ohio, Franklin **County, ss.**

I, Mrs. L. B. Kilbury, Sister, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mrs. L. B. Kilbury

P. O. Address 784 Marburn Drive, Columbus, Ohio

Sworn to before me and signed in my presence this 16th *day of* April *19*46.

Herbert Brown

Justice Peace my term ex. Dec. 31, 1947 (Official Title)

The State of Ohio, Franklin **County, ss.**

I, Mr. L. B. Kilbury, 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.*

L. B. Kilbury

P. O. Address 784 Marburn Drive, Columbus, Ohio

Sworn to before me and signed in my presence this 16th *day of* April *19*46.

Herbert Brown

Justice Peace (Official Title)

Probate Court, ____ County, Ohio

In the Matter of the ____

of ____

*19*____

Case No. ____

ORDER FOR HEARING

This day ____ *appeared in open court and filed an application for the* ____

It is ordered that hearing on said application ____

It is further ordered by The Court that ____ *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ____ ____ *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Lida Ann Shriver

Probate Court, Union **County, Ohio**

April 17, 1946

Case No. A-640

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Lida Ann Shriver *for an order of The Court correcting* her *birth record, as it is registered in the office of* the Probate Court of Union Co. Ohio *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* Affidavits of two credible persons; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County: Union
(b): Darby Township (City) (Village) (Township)
(c) Name of hospital or institution: Darby Township
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution: no In this community: yes
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State: Ohio
(b) County: Union
(c): Darby Township (City) (Village) (Township)
(d) Street No.: None

3. Full name of child: Shriver (Surname) Lida (First) Ann (Middle)
4. Date of birth: June 23, 1906 (Month) (Day) (Year)
5. Sex: Female
6. Twin or triplet: no If so—born 1st, 2d, or 3d
7. Number months of pregnancy: 9
8. Mother married?: Yes

FATHER OF CHILD
9. Full name: Shriver (Surname) James (First) Henry (Middle)
10. Color or race: White 11. Age at time of this birth: 35 yrs.
12. Birthplace: Franklin Co. (City, town, or county) Ohio (State or foreign country)
13. Usual occupation: Farmer
14. Industry or business: Farmer

MOTHER OF CHILD
15. Full maiden name: Houchard (Surname) Lily (First) Mae (Middle)
16. Color or race: White 17. Age at time of this birth: 34 yrs.
18. Birthplace: Franklin Co. (City, town, or county) Ohio (State or foreign country)
19. Usual occupation: Housewife
20. Industry or business:

21. Children born to this mother:
(a) How many other children of this mother are now living?: 8
(b) How many other children were born alive but are now dead?: 0
(c) How many children were born dead?: 0

22. Attending Physician or Midwife:
Name: Dr. Jenkins
Address: Plain City, Ohio
M. D., midwife, or other:

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:
Name incorrectly recorded, day of birth incorrectly stated, and Mother's maiden name incorrectly stated stated in Vol. 3, page 224 of the Records of Birth, Union County, Ohio

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of *for an order of The Court directing the registration of* *birth.*

, having personally examined the applicant in open court, finds that the facts stated in the application are supported by ;

that notice of the hearing on said application has been *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County:
(b): (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution: In this community:
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State:
(b) County:
(c): (City) (Village) (Township)
(d) Street No.:

3. Full name of child: (Surname) (First) (Middle)
4. Date of birth: (Month) (Day) (Year)
5. Sex:
6. Twin or triplet: If so—born 1st, 2d, or 3d
7. Number months of pregnancy:
8. Mother married?:

FATHER OF CHILD
9. Full name: (Surname) (First) (Middle)
10. Color or race: 11. Age at time of this birth: yrs.
12. Birthplace: (City, town, or county) (State or foreign country)
13. Usual occupation:
14. Industry or business:

MOTHER OF CHILD
15. Full maiden name: (Surname) (First) (Middle)
16. Color or race: 17. Age at time of this birth: yrs.
18. Birthplace: (City, town, or county) (State or foreign country)
19. Usual occupation:
20. Industry or business:

21. Children born to this mother:
(a) How many other children of this mother are now living?:
(b) How many other children were born alive but are now dead?:
(c) How many children were born dead?:

22. Attending Physician or Midwife:
Name:
Address:
M. D., midwife, or other: Date signed:

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Eleanor Marie Heizer

Case No. A-641

APPLICATION

Your applicant respectfully represents that she *was born in* Clark *County, Ohio; that* she *now resides in* Union County *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Clark
(b) Springfield, Ohio (City) (Village) (Township)
(c) Name of hospital or institution: Home (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 4 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Clark
(c) Springfield, Ohio (City) (Village) (Township)
(d) Street No. 229 West Euclid Avenue

3. Full name of child Heizer (Surname) Eleanor (First) Marie (Middle)

4. Date of birth 7/18/1928 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Heizer (Surname) George (First) Edward (Middle)
10. Color or race White 11. Age at time of this birth 26 yrs.
12. Birthplace South Charleston, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Milk Salesman
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Redmond (Surname) Elizabeth (First) Dora (Middle)
16. Color or race White 17. Age at time of this birth 22 yrs.
18. Birthplace Springfield, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

22. Attending Physician or Midwife:
Name Dr. W. H. Graham
Address Springfield, Ohio
M. D., midwife, or other M. D.

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? None
(b) How many other children were born alive but were then dead? None
(c) How many children were born dead? None

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing registration*, as provided by law.*

Eleanor Marie Heizer *Applicant*

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 Marie Heizer *Applicant*

P. O. Address Marysville, Ohio R. 1

Sworn to before me and signed in my presence this 18th *day of* April *19*46.

John W. Dailey
Probate Judge (Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

(Official Title)

The State of Ohio, Union **County, ss.**

I, George Edward Heizer, *do hereby certify that 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 Edward Heizer

P. O. Address Marysville, Ohio R. 1

Sworn to before me and signed in my presence this 18th *day of* April *19*46.

John W. Dailey
Probate Judge (Official Title)

The State of Ohio, Union **County, ss.**

I, Elizabeth Dora Heizer, *do hereby certify that 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 Dora Heizer

P. O. Address Marysville, Ohio R. 1

Sworn to before me and signed in my presence this 18th *day of* April *19*46.

John W. Dailey
Probate Judge (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Eleanor Marie Heizer

April 18, *19*46

Case No. A-641

ORDER FOR HEARING

This day Eleanor Marie Heizer *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 ~~[illegible]~~ be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

.....*19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Eleanor Marie Heizer

Probate Court, Union **County, Ohio**

April 18, *19*46

Case No. A-641

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Eleanor Marie Heizer
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
.....;
that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following 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, Ohio (City) (Village) (Township)
(c) Name of hospital or institution: Home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 4 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Clark
(c) Springfield, Ohio (City) (Village) (Township)
(d) Street No. 229 West Euclid Avenue

3. Full name of child Heizer (Surname) Eleanor (First) Marie (Middle)

4. Date of birth 7/18/1928 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Heizer (Surname) George (First) Edward (Middle)
10. Color or race White 11. Age at time of this birth 26 yrs.
12. Birthplace South Charleston, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Milk Salesman
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Redmond (Surname) Elizabeth (First) Dora (Middle)
16. Color or race White 17. Age at time of this birth 22 yrs.
18. Birthplace Springfield, Ohio (City, town, or county) ..... (State or foreign country)
19. Usual occupation Housewife
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living? None
(b) How many other children were born alive but are now dead? None
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name Dr. W. H. Graham
Address Springfield, Ohio
.....
M. D., midwife, or other M. D. Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of Birth Record *of* Myrtle Martha Argo

Case No. A-642

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Perma, Sanders Co. Montana *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) Raymond (City) Liberty (Township)

(c) Name of hospital or institution: 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 ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Raymond (City) Liberty (Township)

(d) Street No. .....

3. Full name of child Argo (Surname) Myrtle (First) Martha (Middle)

4. Date of birth May 21, 1883 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Argo (Surname) Charles (First) Warren (Middle)

10. Color or race White 11. Age at time of this birth 23 yrs.

12. Birthplace Raymond (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farmer

MOTHER OF CHILD

15. Full maiden name Sarah Jane Bruerd (Surname) (First) (Middle)

16. Color or race White 17. Age at time of this birth 26 yrs.

18. Birthplace Unknown (City, town, or county) Virginia (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? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. J. Q. Sutherd

Address Raymond, Ohio

M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* failed to record her given name, as her parents did not name her until some months later

Your applicant hereby makes application for an order of the Court, directing correction of birth cert. *, as provided by law.*

Myrtle Martha Argo *Applicant*

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.*

Myrtle Martha Margo *Applicant*

P. O. Address Perma, Montana

Sworn to before me and signed in my presence this 19th *day of* June *19* 46

Margaret Mulick

Notary Public (Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Amelia E. Raines, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Amelia E. Raines,

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 28th *day of* June *19* 46.

John W. Dailey

Probate Judge (Official Title)

The State of Ohio, Union **County, ss.**

I, Ida Argo, *do hereby certify that 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 Argo

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 28th *day of* June *19* 46.

John W. Dailey,

Probate Judge (Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction *of* birth record of Myrtle Martha Argo

June 28, *19* 46

Case No. A-642

ORDER FOR HEARING

This day Myrtle Martha Argo *appeared in open court and filed an application for the* correction of her birth

It is ordered that hearing on said application be had forth-with and that notice thereof be dispensed with

It is further ordered by The Court that XXXX

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Myrtle Martha Argo

Probate Court, Union **County, Ohio**

June 28, 1946

Case No. A-642

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Myrtle Martha Argo *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court of Union County, Ohio *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of Amelia E. Raines and Ida Argo, persons having knowledge of the facts ; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Raymond, (City) Liberty (Township) (Village)
(c) Name of hospital or institution: 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 .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Raymond (City) Liberty (Township) (Village)
(d) Street No. .....

3. Full name of child: Argo (Surname) Myrtle (First) Martha (Middle)
4. Date of birth: May 21, 1883 (Month) (Day) (Year)
5. Sex: Female
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy: 9
8. Mother married? yes

FATHER OF CHILD
9. Full name: Argo (Surname) Charles (First) Warren (Middle)
10. Color or race: White
11. Age at time of this birth: 23 yrs.
12. Birthplace: Raymond, Ohio (City, town, or county) ..... (State or foreign country)
13. Usual occupation: Farmer
14. Industry or business: Farmer

MOTHER OF CHILD
15. Full maiden name: Sarah Jane Bruerd (Surname) (First) (Middle)
16. Color or race: White
17. Age at time of this birth: 26 yrs.
18. Birthplace: Unknown (City, town, or county) Virginia (State or foreign country)
19. Usual occupation: housewife
20. Industry or business: housewife

21. Children born to this mother:
(a) How many other children of this mother are now living? 1
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name Dr. J. Q. Sutherd
Address .....
M. D., midwife, or other .....

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

failed to record her given name, as her parents did not name her until some months later.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.*

....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)
4. Date of birth ..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy .....
8. Mother married? .....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race .....
11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race .....
17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the CORRECTION OF BIRTH RECORD
of Laura Fon Boerger

Case No. A-643

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Toledo, Ohio; *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 24 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville, Ohio (City) (Village) (Township)

(d) Street No. East Sixth Street

3. Full name of child Boerger (Surname) Laura (First) Fon (Middle)

4. Date of birth Oct. 26, 1886 (Month) (Day) (Year)

5. Sex F

6. Twin or triplet no If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Boerger (Surname) J. (First) L. (Middle)

10. Color or race white 11. Age at time of this birth 26 yrs.

12. Birthplace Union Twp. (City, town, or county) Union Co. (State or foreign country) Ohio

13. Usual occupation clothing merchant

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Hill (Surname) Ollie (First) (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Union Twp. (City, town, or county) Union County, Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 0

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. W. F. White

Address West Fifth Street, Marysville, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Vol. 3 page 10, of the birth records of Union County, Ohio

Your applicant hereby makes application for an order of the Court, directing the correction of birth record, *as provided by law.*

in that said birth record shows the name of Laura Fon Bergerr, Laura Fon Boerger *Applicant*

born March 25, 1886, when in truth and in fact it should be Laura Fon Boerger, Born Oct. 26, 1886

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 Fon Boerger *Applicant*

P. O. Address 2035 Collingwood Ave., Toledo, Ohio

Sworn to before me and signed in my presence this 17 *day of* June *19* 46.

Kenneth H. Van Wormer

Notary Public, Lucas County, Ohio (Official Title)

AFFIDAVIT

In the Matter of ..... **Probate Court,** ..... **County, Ohio**

of .....

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, William J. Conrad, *do hereby certify that 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. Conrad

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 5 *day of* July *19* 46.

Clifton L. Caryl

Notary Public, State of Ohio (Official Title)

The State of Ohio, Union **County, ss.**

I, L. F. Otte, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

L. F. Otte

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 5 *day of* July *19* 46.

Clifton L. Caryl

Notary Public, State of Ohio (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of birth record
of Laura Fon Boerger

July 5 *19* 46.

Case No. A-643

ORDER FOR HEARING

This day Laura Fon Boerger *appeared in open court and filed an application for the* correctionof her birth record

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Laura Fon Boerger

Probate Court, Union **County, Ohio**

July 5 *19* 46

Case No. A-643

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Laura Fon Boerger *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court, Union County. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Marysville (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution In this community 24 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville, Ohio (City) (Village) (Township)
(d) Street No. East Sixth Street

3. Full name of child Boerger (Surname) Laura (First) Fon (Middle)
4. Date of birth Oct. 26, 1886 (Month) (Day) (Year)
5. Sex F
6. Twin or triplet no If so—born 1st, 2d, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Boerger (Surname) J. (First) L. (Middle)
10. Color or race white 11. Age at time of this birth 26 yrs.
12. Birthplace Union Twp., Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation clothing merchant
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Hill (Surname) Ollie (First) (Middle)
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace Union Twp. Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living? 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. F. White
Address West Fifth Street, Marysville, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:
that said birth record be changed from Laura F. Berger, born March 25, 1886, to Laura Fon Boerger, born October 26, 1886

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of *for an order of The Court directing the registration of* *birth.*
, having personally examined the applicant in open court, finds that the facts stated in the application are supported by *; that notice of the hearing on said application has been* *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County
(b) (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution In this community (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State
(b) County
(c) (City) (Village) (Township)
(d) Street No.

3. Full name of child (Surname) (First) (Middle)
4. Date of birth (Month) (Day) (Year)
5. Sex
6. Twin or triplet If so—born 1st, 2d, or 3d
7. Number months of pregnancy
8. Mother married?

FATHER OF CHILD
9. Full name (Surname) (First) (Middle)
10. Color or race 11. Age at time of this birth yrs.
12. Birthplace (City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD
15. Full maiden name (Surname) (First) (Middle)
16. Color or race 17. Age at time of this birth yrs.
18. Birthplace (City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name
Address
M. D., midwife, or other Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the the correction of birth record
of Crystal Naomi Lingrel

Case No. A-644

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Casper, Wyoming *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Byhalia (City) (Village) (Township)
(c) Name of hospital or institution: at home (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Byhalia (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Lingrel (Surname) Crystal (First) Naomi (Middle)

4. Date of birth Mar. 27, 1897 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: twin If so—born 1st, 2d, or 3d: 2nd

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Lingrel (Surname) Mathew (First) (Middle)
10. Color or race white 11. Age at time of this birth 60 yrs.
12. Birthplace Logan County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation farmer
14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Bird (Surname) Lillian (First) (Middle)
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business housewife

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Miller
Address Byhalia, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth in volume* 3 *page* 123 *No.* 194, *in that* the first name is recorded as Marth and no middle name given
Your applicant hereby makes application for an order of the Court, directing correction of birth *, as provided by law.*

Crystal Joelner *Applicant*

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.*

Crystal Joelner *Applicant*
P. O. Address Casper Wyoming

Sworn to before me and signed in my presence this 18th *day of* July *19* 46.

John W. Dailey
Probate Judge (Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Ida 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.*

Ida Carter
P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 18th *day of* July *19* 46.

John W. Dailey
probate Judge (Official Title)

The State of Ohio, Union **County, ss.**

I, Cora Bird, *do hereby certify that 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 Bird
P. O. Address West Mansfield, Ohio R. D.

Sworn to before me and signed in my presence this 18th *day of* July *19* 46

John W. Dailey
Probate Judge (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Crystal Naomi Lingrel

July 18, *19* 46.
Case No. A-644
ORDER FOR HEARING

This day Crystal Naomi Lingrel *appeared in open court and filed an application for the* correction 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 he and hereby is appointed Special Master Commissioner to take sworn testimony on said application, the services of said Special Master Commissioner are waived, and this cause is continued.

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Crystal Naomi Lingrel

Probate Court, Union **County, Ohio**

July 18, 1946

Case No. A-644

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Crystal Naomi Lingrel *for an order of The Court correcting* her *birth record, as it is registered in the office of* Union County Probate Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Byhalia (City) (Village) (Township)
(c) Name of hospital or institution: at home (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Byhalia (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Lingrel (Surname) Crystal (First) Naomi (Middle)

4. Date of birth Mar. 27, 1897 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet: twin; If so—born 1st, 2d, or 3d: 2nd

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Lingrel (Surname) Mathew (First) (Middle)
10. Color or race white 11. Age at time of this birth 60 yrs.
12. Birthplace Logan County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation farmer
14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Bird (Surname) Lillian (First) (Middle)
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business 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
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name Dr. Miller
Address Byhalia, Ohio
M. D., midwife, or other .....

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the first na name be changed from Marhta as recorded in Volume 3 page 123 No. 194 of the Records of Births of Union County, Ohio to Crystal Naomi

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19.....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.* ....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* .....; *that notice of the hearing on said application has been* .....; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of the birth

of Henry Lewis Strawser

Case No. A-645

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Plain City, Ohio *; and that the following are the available facts with relation to birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Plain City (City) Ohio (Village) (Township)

(c) Name of hospital or institution: 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) Plain City, Ohio (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Strawser (Surname) Henry (First) Lewis (Middle)

4. Date of birth 9-30-1918 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Strawser, Lewis (Surname) (First) (Middle)

10. Color or race White 11. Age at time of this birth 40 yrs.

12. Birthplace Marion, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation carpenter

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Wright Della (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 40 yrs.

18. Birthplace West Canaan (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. Gardner

Address Plain City, Ohio

M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth, *as provided by law.*

Henry Lewis Strawser *Applicant*

The State of 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 Lewis Strawser *Applicant*

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 31st *day of* July *19* 46

Joann Foley

Deputy Clerk (Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Richard E. Wright, *do hereby certify that 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 E. Wright

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 31st *day of* July *19* 46.

Joann Foley

Deputy Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, William F. Arthur, *do hereby certify that 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. Arthur

P. O. Address Plain Ctiy, Ohio

Sworn to before me and signed in my presence this 31st *day of* July *19* 46.

Joann Foley

Deputy Clerk (Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of the birth

of Henry Lewis Strawser

July 31 *19* 46

Case No. A-645

ORDER FOR HEARING

This day Henry Lewis Strawser *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 services of a Special Master Commissioner are necessary~~ be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, ~~if~~; and this cause is continued.

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Henry Lewis Strawser

Probate Court, Union **County, Ohio**

July 31, *19*46

Case No. A-645

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Henry Lewis Strawser
for an order of The Court directing the registration of 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 withnesses
.....;
that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the 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 Ctiy, Ohio (City) (Village) (Township)
(c) Name of hospital or institution:
home (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Plain City, Ohio (City) (Village) (Township)
(d) Street No.....

3. Full name of child Strawser, Henry Lewis (Surname, First, Middle)
4. Date of birth 9-30-1918 (Month) (Day) (Year)
5. Sex M
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Strawser Lewis Elwood (Surname, First, Middle)
10. Color or race white 11. Age at time of this birth 40 yrs.
12. Birthplace Marion (City, town, or county) Ohio (State or foreign country)
13. Usual occupation carpenter
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Wright Della (Surname, First, Middle)
16. Color or race white 17. Age at time of this birth 40 yrs.
18. Birthplace West Canaan (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living? none
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Gardner
Address Plain City, Ohio
.....
M. D., midwife, or other.....Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of Birth Record *of* Ellen Louise Glassmeyer

Case No. A-646

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Macedonia, 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) 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 5 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Glassmeyer (Surname) Ellen (First) Louise (Middle)

4. Date of birth Dec. 9, 1905 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: no — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Glassmeyer (Surname) Edwin (First) Franklin (Middle)

10. Color or race white 11. Age at time of this birth 45 yrs.

12. Birthplace Allentown (City, town, or county) Pennsylvania (State or foreign country)

13. Usual occupation farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Little (Surname) Mary (First) Elizabeth (Middle)

16. Color or race white 17. Age at time of this birth 35 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 9

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. E. J. Bown

Address Richwood, Ohio

M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been correctly recorded in Vol. 3 page 164 of the records of the Probate Court of Union County in that the birth date is given* as January 9, 1905, when it should have been recorded as December 9, 1905

Your applicant hereby makes application for an order of the Court, directing the correction of her birth, *as provided by law.*

Ellen Louise Glassmeyer *Applicant*

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.*

Ellen Louise Glassmeyer *Applicant*

P. O. Address Macedonia, Ohio

Sworn to before me and signed in my presence this 6th *day of* August *19*46.

(Seal)

Betty G. Nicol

Deputy Clerk (Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

(Seal)

(Official Title)

The State of Ohio, Union **County, ss.**

I, Mary Elizabeth Glassmeyer, *do hereby certify that 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 Glassmeyer

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 6th *day of* August *19*46.

(Seal)

Betty G. Nicol

Deputy Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, Guy H. 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.*

Guy H. Williams

P. O. Address Macedonia, Ohio

Sworn to before me and signed in my presence this 6th *day of* August *19*46.

(Seal)

Betty G. Nicol

Deputy Clerk (Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record *of* ?Ellen Louise Glassmeyer

August 6, 1946

Case No. A-646

ORDER FOR HEARING

This day Ellen Louise Glassmeyer *appeared in open court and filed an application for the* correction of her birth record

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ..... (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Ellen Louise Glassmeyer

Probate Court, Union **County, Ohio**

August 6, 1946

Case No. A-646

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Ellen Louise Glassmeyer *for an order of The Court correcting* her *birth record, as it is registered in the office of* this court Vol. 3 page 164 The Court *in consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of Mary Elizabeth Glassmeyer, mother, and Guy H. Williams, cousin, two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) 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 5 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Glassmeyer (Surname) Ellen (First) Louise (Middle)

4. Date of birth Dec. 9, 1905 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet no If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Glassmeyer (Surname) Edwin Franklin (First) (Middle)

10. Color or race white 11. Age at time of this birth 45 yrs.

12. Birthplace Allentown (City, town, or county) Pennsylvania (State or foreign country)

13. Usual occupation farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Lillie (Surname) Mary Elizabeth (First) (Middle)

16. Color or race white 17. Age at time of this birth 35 yrs.

18. Birthplace Union Co. (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? 9

(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. J. Bown

Address .....

M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the date of birth be corrected from January 9, 1905 as it now appears on record, to December 9, 1905

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

(Seal)

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19.....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.* ....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... ; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? .....

(b) How many other children were born alive but are now dead? .....

(c) How many children were born dead? .....

22. Attending Physician or Midwife:

Name .....

Address .....

M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of the birth
of Henry Benjamin Hildreth

Case No. A-647

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Mt. Victory, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Broadway, (City) (Village) Ohio (Township)

(c) Name of hospital or institution: at home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution..... In this community 29 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Broadway, Ohio (City) (Village) (Township)

(d) Street No.

3. Full name of child Hildreth (Surname) Henry (First) Benjamin (Middle)

4. Date of birth Feb. 25, 1881 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no — If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hildreth (Surname) Enos (First) (Middle)

10. Color or race white 11. Age at time of this birth 31 yrs.

12. Birthplace Mt. Vernon, (City, town, or county) Knox Co. (State or foreign country)

13. Usual occupation laborer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Stout (Surname) Mary (First) (Middle)

16. Color or race white 17. Age at time of this birth 29 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 5
(b) How many other children were born alive but were then dead? 5
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name J. B. Taylor, M. D.
Address Broadway, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration *, as provided by law.*

Henry Benjamin Hildreth *Applicant*

The State of 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 Benjamin Hildreth *Applicant*

P. O. Address Mt. Victory, Ohio

Sworn to before me and signed in my presence this 13th *day of* September *19* 46.

June Dillow
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of
of

Probate Court, County, Ohio

The State of Ohio, County, ss.

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*

(Official Title)

The State of Ohio, Union **County, ss.**

I, Ella Daum , *do hereby certify that 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 Daum

P. O. Address East Liberty, Ohio

Sworn to before me and signed in my presence this 13th *day of* September *19* 46

June Dillow
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Lester Hildreth , *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lester Hildreth

P. O. Address Kenton, Ohio

Sworn to before me and signed in my presence this 13th *day of* September *19* 46.

June Dillow
Deputy Clerk
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of the birth
of Henry Benjamin Hildreth

September 13, *19* 46

Case No. A-647

ORDER FOR HEARING

This day Henry Benjamin Hildred *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 be dispensed with

It is further ordered by The Court that be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.

NOTICE OF HEARING RECORDED Page

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, Union **County, Ohio**

September 13, 1946

Case No. A-647

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of ..... *for an order of The Court correcting* .....*birth record, as it is registered in the office of* ..... *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* .....; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... (Surname) (First) (Middle)
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... (Surname) (First) (Middle)
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....
22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....
Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

..... *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Henry Benjamin Hildreth

Probate Court, Union **County, Ohio**

September 13, 1946

Case No. A-647

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Henry Benjamin Hildreth *for an order of The Court directing the registration of* 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 Ella Daum and Lester Hildreth, 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, Ohio (City) (Village) (Township)
(c) Name of hospital or institution:
at home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 29 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Broadway, Ohio (City) (Village) (Township)
(d) Street No.....

3. Full name of child Hildreth (Surname) Henry (First) Benjamin (Middle)
4. Date of birth Feb. 25, 1881 (Month) (Day) (Year)
5. Sex male
6. Twin or triplet no If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Hildreth (Surname) Enos (First) (Middle)
10. Color or race white 11. Age at time of this birth 31 yrs.
12. Birthplace Mt. Vernon (City, town, or county) Knox Co. (State or foreign country)
13. Usual occupation laborer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Stout (Surname) Mary (First) (Middle)
16. Color or race white 17. Age at time of this birth 29 yrs.
18. Birthplace Mt. Union (City, town, or county) County Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business.....
22. Attending Physician or Midwife:
Name J. B. Taylor, M. D.
Address Broadway, Ohio
.....
M. D., midwife, or other.....Date signed.....

21. Children born to this mother:
(a) How many other children of this mother are now living? 5
(b) How many other children were born alive but are now dead? 5
(c) How many children were born dead? 0
Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

June Dillow *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of the birth of Blanche Mae Clapsaddle

Case No. A-648

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Newark, 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) Mt. Victory (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 19 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Mt. Victory (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Clapsaddle (Surname) Blanche (First) Mae (Middle)

4. Date of birth June 25, 1885 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet no If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Clapsaddle (Surname) Charles (First) (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Armentrout (Surname) Meribh (First) (Middle)

16. Color or race white 17. Age at time of this birth 19 yrs.

18. Birthplace Brazil (City, town, or county) Ind. (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 0

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Mrs. Robinson

Address Byhalia, Ohio

M. D., midwife, or other midwife

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Mrs. Blanche Mae Dutcher *Applicant*

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. Blanche Mae Dutcher *Applicant*

P. O. Address Newark, Ohio

Sworn to before me and signed in my presence this 18th *day of* September *19* 46

June Dillow

Deputy Clerk (Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....

..... (Official Title)

The State of Ohio, Union **County, ss.**

I, Meribh Clapsaddle, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Meribh Clapsaddle

P. O. Address 53 W. Dodridge St. Columbus, Ohio

Sworn to before me and signed in my presence this 18th *day of* September *19* 46.

June Dillow

Deputy Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, Charles E. Dutcher, *do hereby certify that 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 E. Dutcher

P. O. Address 2528 Demings Ave. Columbus, Ohio

Sworn to before me and signed in my presence this 18th *day of* September *19* 46.

June Dillow

Deputy Clerk (Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of the birth of Blanche Mae Clapsaddle

September 18, *19* 46

Case No. A-648

ORDER FOR HEARING

This day Blanche Mae Clapsaddle *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 Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

.....*19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Blanche Mae Clapsaddle

Probate Court, Union **County, Ohio**

September 18, *1946*

Case No. A-648

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Blanche Mae Clapsaddle
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 Meribh Clapsaddle and Charles E. Dutcher, 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) Mt. Victory (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 19 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Mt. Victory (City) (Village) (Township)
(d) Street No.....

3. Full name of child Clapsaddle (Surname) Blanche (First) Mae (Middle)

4. Date of birth June 25, 1885 (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name Clapsaddle (Surname) Charles (First) (Middle)
10. Color or race white 11. Age at time of this birth 25 yrs.
12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation farmer
14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name A mentrout (Surname) Meribh (First) (Middle)
16. Color or race white 17. Age at time of this birth 19 yrs.
18. Birthplace Brazil (City, town, or county) Ind. (State or foreign country)
19. Usual occupation housewife
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living? 0
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Mrs. Robinson
Address Byhalia, Ohio
.....
M. D., midwife, or other midwife Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.*

June Dillow
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of the birth *of* Phyllis Ann Smith

Case No. A-649

APPLICATION

Your applicant respectfully represents that she *was born in* Franklin *County, Ohio; that* she *now resides in* Peoria, 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) Amlin (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 3½ yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Franklin

(c) Amlin (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Smith (Surname) Phyllis (First) Ann (Middle)

4. Date of birth Sept. 6, 1930 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet: no — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Smith (Surname) William (First) M. (Middle)

10. Color or race white 11. Age at time of this birth 34 yrs.

12. Birthplace Sidney (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Machine Operator

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Smith (Surname) Myrtle (First) Marie (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Raymond, Ohio (City, town, or county) Union County (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 2

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. J. W. Reason

Address Hilliards, Ohio

M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Phyllis Ann 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.*

Phyllis Ann Smith *Applicant*

P. O. Address Peoria, Ohio

Sworn to before me and signed in my presence this 20th *day of* September *19*46.

Joann Foley

Deputy Clerk (Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

(Official Title)

The State of Ohio, Union **County, ss.**

I, William M. Smith, 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 M. Smith

P. O. Address Peoria, Ohio

Sworn to before me and signed in my presence this 20th *day of* September *19*46.

Joann Foley

Deputy Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, Myrtle Marie Smith, mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Myrtle Marie Smith

P. O. Address Peoria, Ohio

Sworn to before me and signed in my presence this 20th *day of* September *19*46.

Joann Foley

Deputy Clerk (Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of the birth *of* Phyllis Ann Smith

September 20 *19*46.

Case No. A-649

ORDER FOR HEARING

This day Phyllis Ann 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 be dispensed with.

It is further ordered by the Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

.....*19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Phyllis Ann Smith

Probate Court, Union **County, Ohio**

September 20 *19*46

Case No. A-649

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Phyllis Ann Smith

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 M. Smith and Myrtle Marie 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 Franklin

(b) Amlin, Ohio (City) (Village) (Township)

(c) Name of hospital or institution:

at home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 3½ yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Franklin

(c) Amlin, Ohio (City) (Village) (Township)

(d) Street No.....

3. Full name of child Smith Phyllis Ann (Surname, First, Middle)

4. Date of birth Sept. 6, 1930 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet no If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Smith William M. (Surname, First, Middle)

10. Color or race white 11. Age at time of this birth 34 yrs.

12. Birthplace Sidney, Ohio (City, town, or county) ..... (State or foreign country)

13. Usual occupation Machine operator

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Smith Myrtle Marie (Surname, First, Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Raymond, Ohio (City, town, or county) ..... (State or foreign country)

19. Usual occupation housewife

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. J. W. Reason

Address Hilliards, Ohio

.....

M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

Joann Foley

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Caroline Louise Brown

Case No. A-650

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Plain City; *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
(City) (Village) (Township)

(c) Name of hospital or institution: at home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community 20 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Milford Center, Ohio
(City) (Village) (Township)

(d) Street No. .....

3. Full name of child Brown (Surname) Caroline (First) Louise (Middle)

4. Date of birth 2-1-1882 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet: no — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Brown (Surname) Silas (First) S. (Middle)

10. Color or race white 11. Age at time of this birth 36 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Perner (Surname) Rebecca (First) Jane (Middle)

16. Color or race white 17. Age at time of this birth 33 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business housewife

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 6
(b) How many other children were born alive but were then dead? 3
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Spencer
Address Milford Center, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Vol. 2 page 46 of the birth records of Union County, Ohio in that the date of birth is given as February 10, 1882 when it should have been recorded as February 1, 1882

Your applicant hereby makes application for an order of the Court, directing the correction of her birth, *as provided by law.*

Caroline Louise 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.*

Caroline Louise Brown *Applicant*

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 9th *day of* October *19* 46.

Joann Foley

Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, Debbie Brown Ridgeway 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.*

Debbie Brown Ridgeway

P. O. Address North Lewisburg, Ohio

Sworn to before me and signed in my presence this 9th *day of* October *19* 46.

Joann Foley

Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Clifton Brake 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.*

Clifon Brake

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 9th *day of* October *19* 46.

Joann Foley

Deputy Clerk
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of the birth record

of Caroline Louise Brown

October 9, 19 46

Case No. 650

ORDER FOR HEARING

This day Caroline Louise Brown *appeared in open court and filed an application for the* correction of her birth record

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Caroline Louise Brown

Probate Court, Union **County, Ohio**

October 9, 1946

Case No. A-650

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Caroline Louise Brown *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two credible witnesses having the knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Milford Center, Ohio (City) (Village) (Township)
(c) Name of hospital or institution: at home (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 20 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Milford Center, Ohio (City) (Village) (Township)
(d) Street No.

3. Full name of child Brown (Surname) Caroline (First) Louise (Middle)
4. Date of birth 2-1-1882 (Month) (Day) (Year)
5. Sex female
6. Twin or triplet no If so—born 1st, 2d, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Brown (Surname) Silas (First) S. (Middle)
10. Color or race white 11. Age at time of this birth 36 yrs.
12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Parmer (Surname) Rebecca Jane (First) (Middle)
16. Color or race white 17. Age at time of this birth 33 yrs.
18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business housewife
22. Attending Physician or Midwife:
Name Dr. Spencer
Address Milford Center, Ohio
M. D., midwife, or other

21. Children born to this mother:
(a) How many other children of this mother are now living? 6
(b) How many other children were born alive but are now dead? 3
(c) How many children were born dead? 0
Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the registration of her birth has not been correctly recorded in Volume 2 page 46 of the records of the Probate Court of Union County in that the date of birth is given as February 10, 1882 when it should have been recorded as February 2, 1882.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of *for an order of The Court directing the registration of* *birth.*

, having personally examined the applicant in open court, finds that the facts stated in the application are supported by ; *that notice of the hearing on said application has been* ; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County
(b) (City) (Village) (Township)
(c) Name of hospital or institution: (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State
(b) County
(c) (City) (Village) (Township)
(d) Street No.

3. Full name of child (Surname) (First) (Middle)
4. Date of birth (Month) (Day) (Year)
5. Sex
6. Twin or triplet If so—born 1st, 2d, or 3d
7. Number months of pregnancy
8. Mother married?

FATHER OF CHILD
9. Full name (Surname) (First) (Middle)
10. Color or race 11. Age at time of this birth yrs.
12. Birthplace (City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD
15. Full maiden name (Surname) (First) (Middle)
16. Color or race 17. Age at time of this birth yrs.
18. Birthplace (City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business
22. Attending Physician or Midwife:
Name
Address
M. D., midwife, or other Date signed

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?
Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record *of* Elwood Hyland

Case No. A-651

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Dayton, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution: at home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 6 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. 530 South Maple Street

3. Full name of child Hyland (Surname) Elwood (First) (Middle)

4. Date of birth 6/6/1905 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no — If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hyland (Surname) William David (First) (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Hardin County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Coal Dealer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Raley Maria (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother 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. Swisher

Address W. Sixth Street

Marysville, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3 page 96 of the birth records of Union County, Ohio in that the date of birth is given as October 5, 1905 when it shoulsd have been recorded June 6, 1905

Your applicant hereby makes application for an order of the Court, directing the correction of his birth record as provided by law.

Elwood 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.*

Elwood Hyland *Applicant*

P. O. Address Dayton, Ohio

Sworn to before me and signed in my presence this 14th *day of* October *19* 46

Joan Foley

Deputy Clerk (Official Title)

AFFIDAVIT

In the Matter of ..... *of* .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Anna Hyland , step-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 Hyland

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 14th *day of* October *19* 46

Joan Foley

Deputy Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, William Hyland, 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 Hyland

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 14th *day of* October *19* 46

Joan Foley

Deputy Clerk (Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record *of* Elwood Hyland

October 14, *19* 46

Case No. A-651

ORDER FOR HEARING

This day Elwood Hyland *appeared in open court and filed an application for the* correction of his birth record

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

~~It is ordered that The Court that~~ ~~the services of a Special Master Commissioner are necessary and this cause is continued.~~

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

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JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Elwood Hyland

Probate Court, Union **County, Ohio**

October 14, 19 46

Case No. A-651

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Elwood Hyland *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court The Court *consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two credible witnesses having the knowledge of the facts; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution: at home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ..... In this community 6 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. 530 South Maple Street

3. Full name of child Hyland (Surname) Elwood (First) (Middle)

4. Date of birth 6/6/1905 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet no If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hyland (Surname) William (First) David (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Hardin County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation coal dealer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Raley (Surname) Maria (First) (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living? 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. Swisher

Address W. Sixth Street

Marysville,

M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the registration of his birth has not been correctly recorded in Volume 3, page 96 of the records of the Probate Court of Union County, Ohio in that the date of said birth is given as October 5, 1905 when it should be given as June 6, 1905.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of *for an order of The Court directing the registration of* *birth.* *, having personally examined the applicant in open court, finds that the facts stated in the application are supported by* *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County

(b) (City) (Village) (Township)

(c) Name of hospital or institution: (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

(c) (City) (Village) (Township)

(d) Street No.

3. Full name of child (Surname) (First) (Middle)

4. Date of birth (Month) (Day) (Year)

5. Sex

6. Twin or triplet If so—born 1st, 2d, or 3d

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

9. Full name (Surname) (First) (Middle)

10. Color or race 11. Age at time of this birth yrs.

12. Birthplace (City, town, or county) (State or foreign country)

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

15. Full maiden name (Surname) (First) (Middle)

16. Color or race 17. Age at time of this birth yrs.

18. Birthplace (City, town, or county) (State or foreign country)

19. Usual occupation

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living?

(b) How many other children were born alive but are now dead?

(c) How many children were born dead?

22. Attending Physician or Midwife:

Name

Address

M. D., midwife, or other Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth record *of* Bernard Robinson

Case No. A-652

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Taylor Township (City) (Village) (Township)

(c) Name of hospital or institution: 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 18 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Taylor Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Robinson (Surname) Bernard (First) Alonzo (Middle)

4. Date of birth Aug. 20, 1915 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Robinson (Surname) Lonie (First) (Middle)

10. Color or race white — 11. Age at time of this birth 21 yrs.

12. Birthplace Union County (City, town, or county) ..... (State or foreign country)

13. Usual occupation farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Wolford (Surname) Imo (First) (Middle)

16. Color or race white — 17. Age at time of this birth 18 yrs.

18. Birthplace Union County (City, town, or county) ..... (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 0

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. Jenkins

Address Broadway, Ohio

.....

M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Bernard 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.*

Bernard Robinson *Applicant*

P. O. Address Marysville, Ohio Route #1

Sworn to before me and signed in my presence this 13th *day of* November *19* 46

Joann Foley

Deputy Clerk (Official Title)

AFFIDAVIT

In the Matter of ..... *of* .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Mrs. Mary Wolford, *do hereby certify that 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 (X) her mark Wolford

P. O. Address Marysville, Ohio R.#1

Sworn to before me and signed in my presence this 13th *day of* November *1946*

Joann Foley

Deputy Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, Mr. LeRoy Wolford, *do hereby certify that 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 Wolford

P. O. Address Marysville, Ohio R.#1

Sworn to before me and signed in my presence this 13th *day of* November *1946*

Joann Foley

Deputy Clerk (Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of birth record *of* Bernard Robinson

November 13 *1946*

Case No. A-652

ORDER FOR HEARING

This day Bernard Robinson *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application be had forthwith and that notice be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... (Surname) (First) (Middle)
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... (Surname) (First) (Middle)
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....
22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....
Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Bernard Robinson

Probate Court, Union **County, Ohio**

November 13 *19* 46

Case No. A-652

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Bernard Robinson
for an order of The Court directing the registration of his *birth.*
The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Mary Wolford and LeRoy 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 Union
(b) Taylor 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 18 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Taylor Township (City) (Village) (Township)
(d) Street No.....

3. Full name of child Robinson (Surname) Lonie (First) (Middle)
4. Date of birth Aug. 20, 1915 (Month) (Day) (Year)
5. Sex male
6. Twin or triplet no If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Robinson (Surname) Lonie (First) (Middle)
10. Color or race white 11. Age at time of this birth 21 yrs.
12. Birthplace Union County (City, town, or county) ..... (State or foreign country)
13. Usual occupation farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Wolford (Surname) Imo (First) (Middle)
16. Color or race white 17. Age at time of this birth 18 yrs.
18. Birthplace Union County (City, town, or county) ..... (State or foreign country)
19. Usual occupation housewife
20. Industry or business.....
22. Attending Physician or Midwife:
Name Dr. Jenkins
Address Broadway, Ohio
.....
M. D., midwife, or other..... Date signed.....

21. Children born to this mother:
(a) How many other children of this mother are now living? 0
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0
Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth record *of* Robert Eugene Roseberry

Case No. A-653

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, Ohio (City) (Village) (Township)

(c) Name of hospital or institution: at home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 18 mo. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Marion

(c) Marion, Ohio (City) (Village) (Township)

(d) Street No. 806 Merkle Avenue

3. Full name of child Roseberry (Surname) Robert (First) Eugene (Middle)

4. Date of birth Nov. 17, 1929 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no

If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Roseberry (Surname) Frank (First) Eugene (Middle)

10. Color or race white 11. Age at time of this birth 22 yrs.

12. Birthplace Pitt Township (City, town, or county) ..... (State or foreign country)

13. Usual occupation Telephone Lineman

14. Industry or business Ohio Assoc. Co.

MOTHER OF CHILD

15. Full maiden name Beaver (Surname) Lena (First) Matilda (Middle)

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Marion County (City, town, or county) ..... (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 1

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. L. L. Roebuck

Address South Vine Street, Marion, Ohio

M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Robert Eugene 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.*

Robert Eugene Roseberry *Applicant*

P. O. Address Marysville, Ohio Route #1

Sworn to before me and signed in my presence this 30 *day of* November *19* 46.

Joann Foley

Deputy Clerk (Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Lena Roseberry, *do hereby certify that 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 Matilda Roseberry

P. O. Address Marysville, O. Route #1

Sworn to before me and signed in my presence this 30 *day of* November *19* 46.

Joann Foley

Deputy Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, Frank Eugene Roseberry, *do hereby certify that 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 Eugene Roseberry

P. O. Address Marysville, O. Route #1

Sworn to before me and signed in my presence this 30 *day of* November *19* 46.

Joann Foley

Deputy Clerk (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth record *of* Robert Eugene Roseberry

November 30 *19* 46

Case No. A-653

ORDER FOR HEARING

This day Robert Eugene Roseberry *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 that The Commissioners~~ be and hereby is appointed Special Master Commissioner to take such testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

.....*19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Robert Eugene Roseberry

Probate Court, Union **County, Ohio**

November 30 *19*46

Case No. A-653

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Robert Eugene 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 Frank Eugene Roeeberry and Lena Matilda Roseberry, credible witnesses;
that notice of the hearing on said application has been dispensed with*; and, (being convinced that the claim of the applicant is true,) that the following 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, Ohio (City) (Village) (Township)
(c) Name of hospital or institution:
at home (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 18 mo. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Marion
(c) Marion, Ohio (City) (Village) (Township)
(d) Street No. 806 Merkle Avenue

3. Full name of child Roseberry (Surname) Robert (First) Eugene (Middle)
4. Date of birth Nov. 17, 1929 (Month) (Day) (Year)
5. Sex male
6. Twin or triplet nO If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Roseberry (Surname) Frank (First) Eugene (Middle)
10. Color or race white 11. Age at time of this birth 22 yrs.
12. Birthplace Pitt Township (City, town, or county) ..... (State or foreign country)
13. Usual occupation Telephone Lineman
14. Industry or business Ohio Assoc. Co.

MOTHER OF CHILD
15. Full maiden name Beaver, (Surname) Lena (First) Matilda (Middle)
16. Color or race white 17. Age at time of this birth 21 yrs.
18. Birthplace Marion County (City, town, or county) ..... (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? 1
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. D. L. Roebuck
Address South Vine Street
Marion, Ohio
M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*
Joann Foley
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Edson Carroll Balo

Case No. A-654 ✓

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Franklin County *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Raymond (City) Liberty (Village) Township (Township)

(c) Name of hospital or institution: None
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution None In this community
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Raymond (City) Liberty (Village) Township (Township)

(d) Street No.

3. Full name of child Balo (Surname) Edson (First) Carroll (Middle)

4. Date of birth 2-16-07 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet

If so—born 1st, 2d, or 3d

7. Number months of pregnancy

8. Mother married? yes

FATHER OF CHILD

9. Full name Balo (Surname) Edwin (First) Merrill (Middle)

10. Color or race white 11. Age at time of this birth 37 yrs.

12. Birthplace Adams Mills, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Grocer

14. Industry or business Merchant

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 4
(b) How many other children were born alive but were then dead? 4
(c) How many children were born dead? 0

MOTHER OF CHILD

15. Full maiden name Wolford (Surname) Flora (First) Belle (Middle)

16. Color or race White 17. Age at time of this birth 36 yrs.

18. Birthplace Adams Mills, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business

22. Attending Physician or Midwife:
Name Dr. John McCloud
Address Broadway, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol 3 Page 109 Records of Births. Correct name is Edson Carroll Balo
Your applicant hereby makes application for an order of the Court, directing the correction of his birth record *as provided by law.*

Edson Carroll Balo *Applicant*

The State of Ohio, Franklin **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Edson Carroll Balo *Applicant*

P. O. Address 2594 Valley View Dr. Columbus, Ohio

Sworn to before me and signed in my presence this 8th *day of* May *19* 46.

Helen E. Hamiel
Notary Public
(Official Title)

AFFIDAVIT

In the Matter of
of

Probate Court, County, Ohio

The State of Ohio, County, ss.

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*

(Official Title)

The State of Ohio, Union **County, ss.**

I, Chloe Thompson 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.*

Chloe Thompson Sanderson

P. O. Address Raymond, Ohio

Sworn to before me and signed in my presence this 22 *day of* July *19* 46.

L. H. Rollins
Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Xema B. Luh *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Xema B. Luh

P. O. Address Marysville, Ohio, R. D. #5

Sworn to before me and signed in my presence this 13th *day of* November *19* 46.

E. H. Hatton
Notary Public
(Official Title)

Probate Court, County, Ohio

In the Matter of the
of

19

Case No.

ORDER FOR HEARING

This day *appeared in open court and filed an application for the*

It is ordered that hearing on said application

It is further ordered by The Court that *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Edson Carroll Balo

Probate Court, Union **County, Ohio**

December 20 *19*46.

Case No. A-654

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Edson Carroll Balo *for an order of The Court correcting* his *birth record, as it is registered in the office of* Union County. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of Chloe Thompson Sanderson and Xema B. Luh; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Raymond (City) Liberty (Village) Twp. (Township)
(c) Name of hospital or institution: None
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution None In this community
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Raymond (City) Liberty (Village) Twp. (Township)
(d) Street No.

3. Full name of child Balo (Surname) Edson (First) Carroll (Middle)

4. Date of birth 2-16-07 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet ... If so—born 1st, 2d, or 3d...

7. Number months of pregnancy ...

8. Mother married? yes

FATHER OF CHILD

9. Full name Balo (Surname) Edwin (First) Merrill (Middle)
10. Color or race white 11. Age at time of this birth 37 yrs.
12. Birthplace Adams Mills, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Grocer
14. Industry or business Merchant

MOTHER OF CHILD

15. Full maiden name Wolford (Surname) Flora Belle (First) (Middle)
16. Color or race white 17. Age at time of this birth 36 yrs.
18. Birthplace Adams Mills, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living? 4
(b) How many other children were born alive but are now dead? 4
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. John McCloud
Address Broadway, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: Birth has not been properly and accurately recorded in Vol 3 Page 109 Records of Births. Correct name is Edson Carroll Balo.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ...

Probate Court, ... **County, Ohio**

19...

Case No. ...

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ... *for an order of The Court directing the registration of* ... *birth.* ..., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ...; *that notice of the hearing on said application has been* ...; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County ...
(b) ... (City) (Village) (Township)
(c) Name of hospital or institution: ...
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ... In this community ...
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State ...
(b) County ...
(c) ... (City) (Village) (Township)
(d) Street No. ...

3. Full name of child ... (Surname) (First) (Middle)

4. Date of birth ... (Month) (Day) (Year)

5. Sex ...

6. Twin or triplet ... If so—born 1st, 2d, or 3d...

7. Number months of pregnancy ...

8. Mother married? ...

FATHER OF CHILD

9. Full name ... (Surname) (First) (Middle)
10. Color or race ... 11. Age at time of this birth ... yrs.
12. Birthplace ... (City, town, or county) (State or foreign country)
13. Usual occupation ...
14. Industry or business ...

MOTHER OF CHILD

15. Full maiden name ... (Surname) (First) (Middle)
16. Color or race ... 17. Age at time of this birth ... yrs.
18. Birthplace ... (City, town, or county) (State or foreign country)
19. Usual occupation ...
20. Industry or business ...

21. Children born to this mother:
(a) How many other children of this mother are now living? ...
(b) How many other children were born alive but are now dead? ...
(c) How many children were born dead? ...

22. Attending Physician or Midwife:
Name ...
Address ...
M. D., midwife, or other ... Date signed ...

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

... *Probate Judge.*

... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of the birth record *of* Robert Owen Thomas

Case No. A-655

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Sandusky, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Magnetic Springs (City) (Village) (Township)

(c) Name of hospital or institution: ----

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Magnetic Springs (City) (Village) (Township)

(d) Street No. --

3. Full name of child Thomas (Surname) Robert (First) Owen (Middle)

4. Date of birth Aug. 3, 1903 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Thomas (Surname) Harry (First) (Middle)

10. Color or race white 11. Age at time of this birth 37 yrs.

12. Birthplace Delaware, Ohio (City, town, or county) ..... (State or foreign country)

13. Usual occupation Horse-shoer

14. Industry or business Self

MOTHER OF CHILD

15. Full maiden name Krauskopf (Surname) Mary (First) Magdalene (Middle)

16. Color or race white 17. Age at time of this birth 33 yrs.

18. Birthplace Reading, Pa. (City, town, or county) ..... (State or foreign country)

19. Usual occupation Housewife

20. Industry or business own home

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 5
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name M. B. Newhouse, M.D.
Address Magnetic Srpings, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* mothers last name misspelled, and his/ first and middle name are not in certificate

Your applicant hereby makes application for an order of the Court, directing correction *, as provided by law.*

Robert Owen Thomas *Applicant*

The State of Ohio, Ohio **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Robert Owen Thomas *Applicant*

P. O. Address Sandusky, Ohio

Sworn to before me and signed in my presence this 5th *day of* November *19* 46.

William J. Moos

Notary Public
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Delaware **County, ss.**

I, Kathleen M. 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.*

Kathleen M. Thomas

P. O. Address Ostrander, Ohio

Sworn to before me and signed in my presence this 23rd *day of* December *19* 46

Mary Benton

Notary Public
(Official Title)

The State of Ohio, Delaware **County, ss.**

I, Leroy 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.*

Leroy Thomas

P. O. Address Ostrander, Ohio

Sworn to before me and signed in my presence this 23rd *day of* December *19* 46

Mary Benton

Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of the birth *of* Robert Owen Thomas

December 27 *19* 46

Case No. A-655

ORDER FOR HEARING

This day Robert Owen Thomas *appeared in open court and filed an application for the* correction of his birth record

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Robert Owen Thomas

Probate Court, Union **County, Ohio**

December 27 *19* 46

Case No. A-655

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Robert Owen Thomas *for an order of The Court correcting* his *birth record, as it is registered in the office of* Union County *The Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of Kathleen M. Thomas and Leroy Thomas; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Magnetic Springs (City) (Village) (Township)
(c) Name of hospital or institution: ---
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Magnetic Springs (City) (Village) (Township)
(d) Street No. ---

3. Full name of child Thomas (Surname) Robert (First) Owen (Middle)
4. Date of birth Aug. 3, 1903 (Month) (Day) (Year)
5. Sex male
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Thomas (Surname) Harry (First) (Middle)
10. Color or race white 11. Age at time of this birth 37 yrs.
12. Birthplace Delaware, Ohio (City, town, or county) ..... (State or foreign country)
13. Usual occupation Horse-shoer
14. Industry or business Self

MOTHER OF CHILD
15. Full maiden name Krauskopf (Surname) Mary (First) Magdalene (Middle)
16. Color or race white 17. Age at time of this birth 33 yrs.
18. Birthplace Reading, Pa. (City, town, or county) ..... (State or foreign country)
19. Usual occupation Housewife
20. Industry or business own home

21. Children born to this mother: 5
(a) How many other children of this mother are now living? 5
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name M. B. Newhouse, M.D.
Address Magnetic Springs, Ohio
M. D., midwife, or other .....

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

Incorrect-Mothers last name misspelled, and his first and middle name are not on certificate.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.* ....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* .....; *that notice of the hearing on said application has been* .....; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution: .....
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)
4. Date of birth ..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy .....
8. Mother married? .....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record of Albert DeWitt Wells

Case No. A-656

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Allen County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Millcreek Township (City) (Village) (Township)
(c) Name of hospital or institution: Farm home 3 miles east of Watkins (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 7 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Millcreek Township (City) (Village) (Township)
(d) Street No. Farm home 3 miles east of Watkins

3. Full name of child Wells (Surname) Albert (First) DeWitt (Middle)

4. Date of birth October 17, 1879 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Wells (Surname) John (First) W. (Middle)
10. Color or race white — 11. Age at time of this birth 44 yrs.
12. Birthplace Dublin, Ohio (City, town, or county) ..... (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Thrasher

MOTHER OF CHILD

15. Full maiden name McKirgan, Elizabeth Rachel (Surname) (First) (Middle)
16. Color or race white — 17. Age at time of this birth 36 yrs.
18. Birthplace Surgoinsville, Tennessee (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? two
(b) How many other children were born alive but were then dead? one
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. T. P. Shields (Deceased)
Address Watkins, Ohio
.....
M. D., midwife, or other Margarett H. Bouis (deceased)

Answers must be given as of date of delivery of applicant — Aunt of Albert D. Wells

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 2 Page 18-No. 283 of the birth records of Union County, Ohio

Your applicant hereby makes application for an order of the Court, directing the correction of his birth record *as provided by law.*

Albert DeWitt Wells *Applicant*

The State of Ohio, Allen **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Albert DeWitt Wells *Applicant*

P. O. Address P. O. Box 735, Lima, Ohio

Sworn to before me and signed in my presence this 20th *day of* January *19* 47.

James C. Blair, Notary Public

(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Delaware **County, ss.**

I, Rose Hickok, 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.*

Rose Hickok

P. O. Address 52 W. William St., Delaware, Ohio

Sworn to before me and signed in my presence this 13th *day of* January *19* 47

Paul W. Barrett

Notary Public

(Official Title)

The State of Ohio, Union **County, ss.**

I, Margarett Ann Kirkland, 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.*

Margarett Ann Kirkland

P. O. Address 537 E. 3rd St., Marysville, Ohio

Sworn to before me and signed in my presence this 14th *day of* January *19* 47

Martha McMahan

Notary Public

(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record of Albert DeWitt Wells

February 19 *19* 47

Case No. A-656

ORDER FOR HEARING

This day Albert DeWitt Wells *appeared in open court and filed an application for the* correction of his birth record

It is ordered that hearing on said application be had forth with and that notice of said hearing dispensed with

~~It is further ordered by The Court that~~ be and hereby is appointed Special Master Commissioner ~~to take testimony upon said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.~~

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Albert DeWitt Wells

Probate Court, Union **County, Ohio**

February 19 *19* 47

Case No. A-656

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Albert DeWitt Wells *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court of Union County, Ohio *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* affidavits of Rose Hickok and Margarett Ann Kirkland, two credible persons; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Millcreek Township (City) (Village) (Township)

(c) Name of hospital or institution:

Farm house 3 miles east of Watkins (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 7 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Millcreek Township (City) (Village) (Township)

(d) Street No. Farm home 3 miles east of Watkins

3. Full name of child Wells, (Surname) Albert (First) DeWitt (Middle)

4. Date of birth Oct. 17, 1879 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet single If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Wells, (Surname) John (First) W. (Middle)

10. Color or race white 11. Age at time of this birth 44 yrs.

12. Birthplace Dublin, Ohio (City, town, or county) ..... (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Thrasher

MOTHER OF CHILD

15. Full maiden name McKirgan, Elizabeth Rachel (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 36 yrs.

18. Birthplace Surgoinsville, Tennessee (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living?

(b) How many other children were born alive but are now dead?

(c) How many children were born dead?

22. Attending Physician or Midwife:

Name Dr. T. P. Shields (deceased)

Address Watkins, Ohio

M. D., midwife, or other Margarett H. Bouic (deceased)

Answers must be given as of date of delivery of applicant Aunt of Albert D. Wells

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

the name be corrected from "Not named" to Albert DeWitt Wells and that the date of birth be corrected from _____ to October 17,

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.* ....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living?

(b) How many other children were born alive but are now dead?

(c) How many children were born dead?

22. Attending Physician or Midwife:

Name .....

Address .....

M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the birth record

of Daisy Dell Reed

Case No. A-657

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Franklin County, City of Columbus, Ohio; *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Milford Center, Ohio
(City) (Village) (Township)

(c) Name of hospital or institution:
residence
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community ?
(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 Reed (Surname) Daisy (First) Dell (Middle)

4. Date of birth May 13-1894 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Reed (Surname) Otto (First) E. (Middle)

10. Color or race white 11. Age at time of this birth 26 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation carpenter helper

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Beightler (Surname) Almeda (First) (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 1
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Wills
Address Union County, Ohio
.....
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of ..... birth has not been properly recorded in Union County Probate Court Record shows daye of birth May 11, 1894 should be May 13, 1894 Also mothers correct name Almeda Beightler instead of Butler

Your applicant hereby makes application for an order of the Court, directing correction of birth record *, as provided by law.*

Daisy Dell Anderson *Applicant*

The State of Ohio, Franklin **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Daisy Dell Anderson *Applicant*

P. O. Address 237½ Sullivant Avenue, Columbus, O.

Sworn to before me and signed in my presence this 25th *day of* February *19* 47.

Lawrence L. Gosnell

Lawrence L. Gosnell, Notary Pub. Fr. Co. O. my comm. ex. Aug. 12-49
(Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Mrs. Lora May Gosnell, *do hereby certify that 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 May Gosnell

P. O. Address 275 E. Town St. Columbsu, Ohio

Sworn to before me and signed in my presence this 25th *day of* February *19*47.

Lawrence L. Gosnell

Lawrence L. Gosnell, notary public Fr. Co. Ohio my com. ex. Aug. 12-49
(Official Title)

The State of Ohio, Union **County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of the birth of

of Daisy Dell Reed

February 26 *19* 47

Case No. A-657

ORDER FOR HEARING

This day Daisy Dell Reed *appeared in open court and filed an application for the* correction of her birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by the Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Daisy Dell Reed

Probate Court, Union County, Ohio

February 26 *19* 47

Case No. A-657

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Daisy Dell Reed *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court, Union County, Ohio *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavit of Lora May Gosnell, a credible person; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County: Union

(b): Milford Center (City) Ohio (Village) (Township)

(c) Name of hospital or institution: residence
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ... In this community ? (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: Reed (Surname) Daisy (First) Dell (Middle)

4. Date of birth: May 13, 1894 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet ... If so—born 1st, 2d, or 3d ...

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Reed (Surname) Otto (First) E. (Middle)

10. Color or race: white 11. Age at time of this birth: 26 yrs.

12. Birthplace: Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation: carpenter helper

14. Industry or business:

MOTHER OF CHILD

15. Full maiden name: Beightler Almeda (Surname) (First) (Middle)

16. Color or race: white 17. Age at time of this birth: 20 yrs.

18. Birthplace: Union County Ohio (City, town, or county) (State or foreign country)

19. Usual occupation: housewife

20. Industry or business:

21. Children born to this mother:
(a) How many other children of this mother are now living? 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. Wills
Address: Union County, Ohio
M. D., midwife, or other:

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

has not properly been recorded in Union County Probate Court. Record shows date of birth May 11, 1894-should be May 13, 1894. Also mothers correct name was Almeda Beightler instead of Butler

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, County, Ohio

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of for an order of The Court directing the registration of birth. , having personally examined the applicant in open court, finds that the facts stated in the application are supported by ; that notice of the hearing on said application has been ; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—

1. PLACE OF BIRTH:

(a) County

(b): (City) (Village) (Township)

(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ... In this community ... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

(c): (City) (Village) (Township)

(d) Street No.

3. Full name of child: (Surname) (First) (Middle)

4. Date of birth: (Month) (Day) (Year)

5. Sex

6. Twin or triplet ... If so—born 1st, 2d, or 3d ...

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

9. Full name: (Surname) (First) (Middle)

10. Color or race 11. Age at time of this birth ... yrs.

12. Birthplace: (City, town, or county) (State or foreign country)

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

15. Full maiden name: (Surname) (First) (Middle)

16. Color or race 17. Age at time of this birth ... yrs.

18. Birthplace: (City, town, or county) (State or foreign country)

19. Usual occupation

20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name
Address
M. D., midwife, or other ... Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of the birth *of* John R. Moore

Case No. A-658

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville, Union County *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris Township (City) (Village) (Township)

(c) Name of hospital or institution: at home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 4 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Paris Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Moore (Surname) John (First) R. (Middle)

4. Date of birth Oct. 31 1899 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Moore (Surname) Nicolas (First) (Middle)

10. Color or race white 11. Age at time of this birth ..... yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation laporer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Moody (Surname) Laura (First) (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 1

(b) How many other children were born alive but were then dead? 2

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. Swisher

Address Marysville, Ohio

M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth */, as provided by law.*

John R. 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.*

John R. Moore *Applicant*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 10th *day of* March *19* 47

John W. Dailey

Probate Judge (Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Henry Moore, Uncle, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Henry Moore

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 10th *day of* March *19* 47.

John W. Dailey

Probate Judge (Official Title)

The State of Ohio, Union **County, ss.**

I, Hugh Moore uncle *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Hugh Moore

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 10th *day of* March *19* 47

John W. Dailey

Probate Judge (Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of the birth *of* John R. Moore

March 10 *19* 47

Case No. A-658

ORDER FOR HEARING

This day John R. 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 be dispensed with[illegible] and that John W. Dailey is appointed Special Master Commissioner to take testimony in said application, if the services of a Special Master Commissioner are necessary, and this cause [illegible]

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

.....*19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....
22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....
Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of John R. Moore

Probate Court, Union **County, Ohio**

March 10 *19*47

Case No. A-658

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of John R. Moore
for an order of The Court directing the registration of his *birth.*
The court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Henry Moore and Hugh Moore, two credible witnesses;
that notice of the hearing on said application has been dispesned with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Paris Township (City) (Village) (Township)
(c) Name of hospital or institution:
at home (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 4 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Paris Township (City) (Village) (Township)
(d) Street No.....

3. Full name of child Moore (Surname) John (First) R, (Middle)
4. Date of birth Oct. 31, 1899 (Month) (Day) (Year)
5. Sex male
6. Twin or triplet no If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Moore (Surname) Nicolas (First) (Middle)
10. Color or race white 11. Age at time of this birth.....yrs.
12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation laborer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Moody (Surname) Laura (First) (Middle)
16. Color or race white 17. Age at time of this birth 20 yrs.
18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business.....
22. Attending Physician or Midwife:
Name Dr. Swisher
Address Marysville, Ohio
.....
M. D., midwife, or other..... Date signed.....

21. Children born to this mother:
(a) How many other children of this mother are now living? 1
(b) How many other children were born alive but are now dead? 2
(c) How many children were born dead? 0
Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.*

June Dillow
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth record
of James Dwight Moore

Case No. A-659

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 2136 Needmore Road, Dayton, Ohio; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Jackson 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 3 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) JacksonTownship (City) (Village) (Township)

(d) Street No. Route #1, Richwood, Ohio

3. Full name of child Moore (Surname) James (First) Dwight (Middle)

4. Date of birth 6-23-1892 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no — If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Moore (Surname) Joseph (First) William (Middle)

10. Color or race white — 11. Age at time of this birth 25 yrs.

12. Birthplace Richwood, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Allen (Surname) Martha (First) (Middle)

16. Color or race white — 17. Age at time of this birth 23 yrs.

18. Birthplace Augusta, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 1
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. P. B. Hall
Address Richwood, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth, *as provided by law.*

James D. 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.*

James D. Moore *Applicant*

P. O. Address

Sworn to before me and signed in my presence this 12 *day of* March *19* 47.

Joann Foley
Deputy Clerk (Official Title)

AFFIDAVIT

In the Matter of
of

Probate Court, County, Ohio

The State of Ohio, County, ss.

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*

(Official Title)

The State of Ohio, Union **County, ss.**

I, Dora E. Dirst, Aunt, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Dora Dirst

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 12 *day of* March *19* 47

Joann Foley
Deputy Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, Elsie Wynn, 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.*

Elsie Wynn

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 12 *day of* March *19* 47

Joann Foley
Deputy Clerk (Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of birth record
of James Dwight Moore

March 12 *19* 47

Case No. A-659

ORDER FOR HEARING

This day James Dwight 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 of said hearing be dispensed with. ~~It is further ordered by The Court that~~ ~~the application is referred to a Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.~~

NOTICE OF HEARING RECORDED Page

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

.....*19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of James Dwight Moore

Probate Court, Union **County, Ohio**

March 12 *19* 47

Case No. A-659

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of James Dwight Moore
for an order of The Court directing the registration of his *birth.*
The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Dora E. Dirst and Elsie Wynn, 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 (City) (Village) (Township)
(c) Name of hospital or institution:
at home (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 3 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson Township (City) (Village) (Township)
(d) Street No. Route "1, Richwood, Ohio

3. Full name of child Moore (Surname) James (First) Dwight (Middle)

4. Date of birth 6/23/1892 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet no If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Moore (Surname) Joseph (First) William (Middle)
10. Color or race white 11. Age at time of this birth 25 yrs.
12. Birthplace Richwood, Ohio (City, town, or county) ..... (State or foreign country)
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Allen, (Surname) Martha (First) (Middle)
16. Color or race white 17. Age at time of this birth 23 yrs.
18. Birthplace Augusta, Ohio (City, town, or county) ..... (State or foreign country)
19. Usual occupation housewife
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living? 1
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. P. B. Hall
Address Richwood, Ohio
.....
M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

Joann Foley

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth record *of* Addie Adele Collins

Case No. A-660

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Marysville, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Taylor 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 22 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Taylor Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Collins (Surname) Addie (First) Adele (Middle)

4. Date of birth May 9, 1884 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet: no — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Collins (Surname) Isaac (First) Newton (Middle)

10. Color or race white — 11. Age at time of this birth 39 yrs.

12. Birthplace West Virginia (Martinsburg) (City, town, or county) (State or foreign country)

13. Usual occupation Farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Edmond (Surname) Susan (First) (Middle)

16. Color or race white — 17. Age at time of this birth 34 yrs.

18. Birthplace Delaware County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 5

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 1

22. Attending Physician or Midwife:

Name Dr. J. B. Taylor

Address Broadway, Ohio

M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth is not recorded in the Records of Births, Union County, Ohio*

Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Addie A. Collins McCamey *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Addie A. Collins McCamey *Applicant*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 19 *day of* April *19* 47.

Joann Foley

Deputy Clerk (Official Title)

AFFIDAVIT

In the Matter of ..... *of* .....

Probate Court, Union County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Mrs. Daisy I. Baughman 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.*

Daisy I. Baughman

P. O. Address Columbus, Ohio

Sworn to before me and signed in my presence this 19 *day of* April *19* 47.

Joann Foley

Deputy Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, Ella M. Firtch, *do hereby certify that 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 M. Firtch

P. O. Address Delaware, Ohio

Sworn to before me and signed in my presence this 19 *day of* April *19* 47.

Joann Foley

Deputy Clerk (Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of birth record *of* Addie Adele Collins

April 19 19 47

Case No. A-660

ORDER FOR HEARING

This day Addie Adele Collins *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~~ ~~the~~ ~~and hereby is appointed Special Master Commissioner to take such testimony upon said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.~~

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

.....*19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Addie Adele Collins

Probate Court, Union **County, Ohio**

April 19 *19* 47

Case No. A-660

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Addie Adele Collins

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. Daisy I. Baughman and Ella M. Firtch, credible witnesses;

that notice of the hearing on said application has been dispensed with*; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Taylor Township (City) (Village) (Township)

(c) Name of hospital or institution:

at home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 22 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Taylor Township (City) (Village) (Township)

(d) Street No.....

3. Full name of child Collins (Surname) Addie (First) Adele (Middle)

4. Date of birth May 9, 1884 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet no If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Collins (Surname) Isaac (First) Newton (Middle)

10. Color or race white 11. Age at time of this birth 39 yrs.

12. Birthplace West Virginia) Martinsburg) (City, town, or county) (State or foreign country)

13. Usual occupation Farmer

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Edmond (Surname) Susan (First) (Middle)

16. Color or race white 17. Age at time of this birth 34 yrs.

18. Birthplace Delaware County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living? 5

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 1

22. Attending Physician or Midwife:

Name Dr. J. B. Taylor

Address Broadway, Ohio

.....

M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of the birth record *of* Chester Warner

Case No. A-661

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Columbus, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Jerome Township (City) (Village) (Township)

(c) Name of hospital or institution: 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 42 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jerome Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Warner (Surname) Chester (First) Herold (Middle)

4. Date of birth 11-17-1905 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: twin — If so—born 1st, 2d, or 3d: 2nd

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Warner (Surname) Albert (First) Elijah (Middle)

10. Color or race white — 11. Age at time of this birth 45 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Green (Surname) Edna (First) Ellen (Middle)

16. Color or race white — 17. Age at time of this birth 42 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 6

(b) How many other children were born alive but were then dead? 1

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. E. S. Holmes

Address Plain City, Ohio

M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3 page 222 of the birth records of Union County, Ohio, in that the date of birth is recorded as March 17, 1906 and the correct date of birth is November 17, 1905 also mother's name is given as Edna Greene and the correct spelling is Edna Green

Your applicant hereby makes application for an order of the Court, directing the correction of his birth, as provided by law.

Chester H. Warner *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Chester H. Warner *Applicant*

P. O. Address Columbus, Ohio

Sworn to before me and signed in my presence this 14th *day of* May *19* 47

Joann Foley

Deputy Clerk (Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Mrs. Luella J. King, 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.*

Luella J. King

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 14th *day of* May *19* 47

Joann Foley

Deputy Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, Mrs. Ethel I. Wilcox 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 Wilcox

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 14th *day of* May *19* 47

Joann Foley

Deputy Clerk (Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record *of* Chester Warner

May 14, *19* 47

Case No. A-661

ORDER FOR HEARING

This day Chester Warner *appeared in open court and filed an application for the* correction of his birth

It is ordered that hearing on said application be had forthwith and that notice of saidhearing be dispensed with.

It is further ordered by the Court that ..... *be and is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Chester Warner

Probate Court, Union **County, Ohio**

May 14, *19* 47

Case No. A-661

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Chester Warner *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court, Union County, Ohio *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of Mrs. Luella J. King and Mrs. Ethel I. Wilcox, persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Jerome 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 42 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jerome Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Warner (Surname) Chester (First) Harold (Middle)

4. Date of birth 11-17-1905 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet twin If so—born 1st, 2d, or 3d 2nd

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Warner (Surname) Albert (First) Elijah (Middle)

10. Color or race white 11. Age at time of this birth 45 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Green (Surname) Edna Ellen (First) (Middle)

16. Color or race white 17. Age at time of this birth 42 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother:

(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. E. S. Holmes

Address .....

M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: has not been properly and accurately recorded in Vol. 3 page 222 of the birth records of Union County, Ohio, in that the date of birth is recorded as March 17, 1906 and the correct date of birth is November 17, 1905, also Mother's name is given as Edna Greene and the correct spelling is Edna Green.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.*

....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* .....;

that notice of the hearing on said application has been .....; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? .....

(b) How many other children were born alive but are now dead? .....

(c) How many children were born dead? .....

22. Attending Physician or Midwife:

Name .....

Address .....

M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of the birth record *of* Frances Louise Dasher

Case No. A-662 ✓

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Lima, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Paris Township (City) (Village) (Township)
(c) Name of hospital or institution: 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 8 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Paris Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Dasher (Surname) Frances (First) Louise (Middle)

4. Date of birth 5/13/1900 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet no If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Dasher (Surname) Richard (First) (Middle)
10. Color or race white 11. Age at time of this birth 33 yrs.
12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Burns (Surname) Lena (First) (Middle)
16. Color or race white 17. Age at time of this birth 29 yrs.
18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 1
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Mrs. Louise Weideman
Address Paris Township
.....
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded in the Records of Births of Union County, Ohio

Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Frances Louise Dasher Dotson *Applicant*

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.*

Frances Louise Dasher Dotson *Applicant*

P. O. Address Lima, Ohio

Sworn to before me and signed in my presence this 16th *day of* May *19* 47.

Joann Foley
Deput Clerk (Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Mrs. LenaDasher, Mother, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lena Dasher

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 16th *day of* May *19* 47

Joann Foley
Deputy Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, Mr. Richard Dasher , 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 Dasher

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 16th *day of* May *19* 47.

Joann Foley
Deputy Clerk (Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of birth record *of* Frances Louise Dasher

May 16 1947

Case No. A-662

ORDER FOR HEARING

This day Frances Louise Dasher *appeared in open court and filed an application for the* registration ofher birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Frances Louise Dasher

Probate Court, Union **County, Ohio**

May 16 *19*47

Case No. A-662

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Frances Louise Dasher
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. Lena Dasher and Mr. Richard Dasher, credible witnesses;
that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Paris Township (City) (Village) (Township)
(c) Name of hospital or institution:
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 8 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Paris Township (City) (Village) (Township)
(d) Street No.....

3. Full name of child Dasher (Surname) Frances (First) Louise (Middle)

4. Date of birth 5/13/1900 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet nO If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Dasher (Surname) Richard (First) (Middle)
10. Color or race white 11. Age at time of this birth 33 yrs.
12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Burns (Surname) Lena (First) (Middle)
16. Color or race white 17. Age at time of this birth 29 yrs.
18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living? 1
(b) How many other children were born alive but are now dead? O-
(c) How many children were born dead? O

22. Attending Physician or Midwife:
Name Mrs. Louise Weideman
Address Paris Township
.....
M. D., midwife, or other.....Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

Joann Foley
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth record
of Walter F. Moore

Case No. A-665

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Marysville, Ohio (City) (Village) (Township)
(c) Name of hospital or institution: at home (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 35 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Moore (Surname) Walter (First) F. (Middle)

4. Date of birth 5/9/1905 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet no If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Moore (Surname) Nicholas (First) (Middle)
10. Color or race white 11. Age at time of this birth 43 yrs.
12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation laborer-farming
14. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 3
(b) How many other children were born alive but were then dead? 2
(c) How many children were born dead? 0

MOTHER OF CHILD

15. Full maiden name Moody (Surname) Laura (First) (Middle)
16. Color or race white 17. Age at time of this birth 35 yrs.
18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

22. Attending Physician or Midwife:
Name P. D. Longbrake
Address Marysville, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded in the records of births of Union County, Ohio
Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Walter F. 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.*

Walter F. Moore *Applicant*
P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 19th *day of* May *19* 47.

Joann Foley
Deputy Clerk (Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Hugh 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.*

Hugh Moore
P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 19th *day of* May *19* 47.

Joann Foley
Deputy Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, Henry 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.*

Henry Moore
P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 19th *day of* May *19* 47

Joann Foley
Marysville, Ohio (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the regiatration of birth record
of Walter F. Moore

May 19 *19* 47
Case No. A-663

ORDER FOR HEARING

This day Walter F. 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 of said hearing be dispensed with. ~~xxxx

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

.....*19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Walter F. Moore

Probate Court, Union **County, Ohio**

May 19 *1947*

Case No. A-663

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Walter F. Moore
for an order of The Court directing the registration of his *birth.*
the court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Hugh Moore and Henry Moore, credible witnesses;
that notice of the hearing on said application has been dispensed with.*; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Marysville, Ohio (City) (Village) (Township)
(c) Name of hospital or institution:
at home (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 35 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville (City) (Village) (Township)
(d) Street No.....

3. Full name of child Moore Walter F. (Surname First Middle)

4. Date of birth 5/9/1905 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet no If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Moore Nicholas (Surname First Middle)
10. Color or race white 11. Age at time of this birth 43 yrs.
12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation laborer-farming
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Moody Laura (Surname First Middle)
16. Color or race white 17. Age at time of this birth 35 yrs.
18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living? 3
(b) How many other children were born alive but are now dead? 2
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. P. D. Longbrake
Address Marysville, Ohio
.....
M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

Joann Foley
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth record
of Austin Richard Williams

Case No. A-664

APPLICATION

Your applicant respectfully represents that he *was born in* Hardin *County, Ohio; that* he *now resides in* Marysville, Union Co. Ohio, *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Hardin
(b) Mt. Victory (City) (Village) (Township)
(c) Name of hospital or institution: at home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 28 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Hardin
(c) Mt. Victory (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Williams (Surname) Austin (First) Richard (Middle)

4. Date of birth January 24, 1920 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Williams (Surname) Herman (First) Harrison (Middle)
10. Color or race white 11. Age at time of this birth 31 yrs.
12. Birthplace Logan County (City, town, or county) ..... (State or foreign country)
13. Usual occupation School teacher
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Manson (Surname) Jessie (First) Blanch (Middle)
16. Color or race white 17. Age at time of this birth 31 yrs.
18. Birthplace Wayne County (City, town, or county) ..... (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. C. L. Thompson
Address York Center, Ohio (deceased)
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded in the Records of Births of Union County, Ohio
Your applicant hereby makes application for an order of the Court, directing the registration of his birth, *as provided by law.*

Austin Richard 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 he *verily believes.*

Austin Richard Williams *Applicant*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 4th *day of* June *19*47.

Joann Foley
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Edith L. Epps 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.*

Edith L. Epps

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 4th *day of* June *19* 47.

Joann Foley
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Norman G. Williams 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.*

Norman G. Williams

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 4th *day of* June *19* 47.

Joann Foley
Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth record
of Austin Richard Williams

June 4 *1947*

Case No. A-664

ORDER FOR HEARING

This day Austin Richard Williams *appeared in open court and filed an application for the* registration of birth record

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by the Court that ..... be and he/she is appointed Special Master Commissioner to take testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

.....*19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Austin Richard Williams

Probate Court, Union **County, Ohio**

June 4 *19*47

Case No. A-664

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Austin Richard Williams
for an order of The Court directing the registration of 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 L. Epps and Norman G. 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 Hardin
(b) Mt. Victory (City) (Village) (Township)
(c) Name of hospital or institution:
at home (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 28 years. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Hardin
(c) Mt. Victory (City) (Village) (Township)
(d) Street No.

3. Full name of child Williams (Surname) Austin (First) Richard (Middle)

4. Date of birth January 24, 1920 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet no If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Williams (Surname) Herman (First) Harrison (Middle)
10. Color or race white 11. Age at time of this birth 31 yrs.
12. Birthplace Logan County (City, town, or county) ..... (State or foreign country)
13. Usual occupation School Teacher
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Manson (Surname) Jessie (First) Blanch (Middle)
16. Color or race white 17. Age at time of this birth 31 yrs.
18. Birthplace Wayne County (City, town, or county) ..... (State or foreign country)
19. Usual occupation housewife
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living? 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. L. Thompson
Address York Center, Ohio
(deceased)
M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth *of* Morna Lottie Ham

Case No. A-665

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Riverside, California *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Raymond (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 10 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Raymond (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Ham (Surname) Morna (First) Lottie (Middle)

4. Date of birth 4/21/1887 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet: no — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Ham (Surname) William (First) (Middle)
10. Color or race white — 11. Age at time of this birth 44 yrs.
12. Birthplace ..... (City, town, or county) Pa. (State or foreign country)
13. Usual occupation blacksmith
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Hughes (Surname) Flora (First) Mary (Middle)
16. Color or race white — 17. Age at time of this birth 24 yrs.
18. Birthplace Altoona, (City, town, or county) Pa. (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 4
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. James Wright
Address Raymond, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth is not recorded in the record of births of Union County, Ohio*
Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Morna Lottie Ham Ogle *Applicant*

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.*

Morna Lottie Ham Ogle *Applicant*
P. O. Address Riverside, California

Sworn to before me and signed in my presence this 13th *day of* June *19*47.

June Kandel
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of ..... *of* .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Edward H. Hatton, *do hereby certify that 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 H. Hatton
P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 13th *day of* June *19*47

June Kandel
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Blanche Phipps sister, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Blanche Phipps
P. O. Address Raymond, Ohio

Sworn to before me and signed in my presence this 13th *day of* June *19*47

June Kandel
Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth *of* Morna Lottie Ham

June 13, *19*47
Case No. A-665

ORDER FOR HEARING

This day Morna Lottie Ham *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application be had forthwith and notice of said hearing be dispensed with.

It is further ordered by The Court that ~~xxxx

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Morna Lottie Ham

Probate Court, Union **County, Ohio**

June 13, *19* 47

Case No. A-665

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Morna Lottie Ham
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 H. Hatton and Blanche Phipps credible witnesses;
that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Raymond (City) (Village) (Township)
(c) Name of hospital or institution:
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 10 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Raymond (City) (Village) (Township)
(d) Street No.....

3. Full name of child Ham Surname Morna First Lottie Middle

4. Date of birth 4 / 21 /1887 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet no If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Ham Surname First Middle
10. Color or race white 11. Age at time of this birth 44 yrs.
12. Birthplace ..... (City, town, or county) Pa. (State or foreign country)
13. Usual occupation blacksmith
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Hughes Surname Flora First Mary Middle
16. Color or race white 17. Age at time of this birth 20 yrs.
18. Birthplace Altoona (City, town, or county) Pa. (State or foreign country)
19. Usual occupation housewife
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living? 4
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. James Wright
Address Raymond, Ohio
.....
M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

June Kandel
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Esther Alma Warner

Case No. A-666

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Columbus, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ~~Herome 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 42 years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jerome Township
(City) (Village) (Township)

(d) Street No. .....

3. Full name of child Warner (Surname) Esther (First) Alma (Middle)

4. Date of birth 11/17/1905 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet twin If so—born 1st, 2d, or 3d 1st

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Warner (Surname) Albert (First) Elijah (Middle)

10. Color or race white 11. Age at time of this birth 45 yrs.

12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Green (Surname) Edna (First) Ellen (Middle)

16. Color or race white 17. Age at time of this birth 42 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 6
(b) How many other children were born alive but were then dead? 1
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. E. S. Holmes
Address Plain City, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been property and accurately recorded in the birth records of Union County, O., in that the date of birth is March 17,1906 and correctdate is November 17,1905, Mother's name is Edna Greene, should be Edna Green *, as provided by law.*
Your applicant hereby makes application for an order of the Court, directing .....

Esther Warner Underwood *Applicant*

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 Warner Underwood *Applicant*

P. O. Address Columbus, Ohio

Sworn to before me and signed in my presence this 14 *day of* June *19* 47

Joann Foley

Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of the correction of birth record
of Esther Alma Warner

Probate Court, Union County, Ohio

The State of Ohio, Union **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Mrs. Luella J. King 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.*

Luella J. King

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 14th *day of* June *19* 47.

Joann Foley

Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Mrs. Ethel I. Wilcox 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 I. Wilcox

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 14th *day of* June *19* 47

Joann Foley

Deputy Clerk
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Esther Alma Warner

June 14 *19* 47

Case No. A-666

ORDER FOR HEARING

This day Esther Alma Warner *appeared in open court and filed an application for the* correction of her birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing dispensed with

It is further ordered by The Court that xxxx

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Esther Alma Warner

Probate Court, Union **County, Ohio**

June 14 *19*47

Case No. A-666

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Esther Alma Warner *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court of Union County, Ohio *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of Mrs. Luella J. King and Mrs. Ethel I. Wilcox, persons having knowledge of the facts *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Jerome 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 42 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jerome Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Warner (Surname) Esther (First) Alma (Middle)

4. Date of birth 11/17/1905 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet: twin — If so—born 1st, 2d, or 3d: 1st

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Warner (Surname) Albert (First) Elijah (Middle)
10. Color or race white 11. Age at time of this birth 45 yrs.
12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Green (Surname) Edna (First) Ellen (Middle)
16. Color or race white 17. Age at time of this birth 42 yrs.
18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? 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. E. S. Holmes
Address Plain City, Ohio
.....
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: has not been properly and accurately recorded in Vol. 3 page 222 of the birth records of Union County, Ohio, in that the date of birth is recorded as March 17, 1906 and the correct date of birth is November 17, 1905, also Mother's name is given as Edna Greene and the correct spelling is Edna Green

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19.....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.*

..... *, having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of the birth
of Esther Louise Staley

Case No. A-667

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* West Mansfield, 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 (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 47 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Taylor Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Staley (Surname) Esther (First) Louise (Middle)

4. Date of birth Feb. 7-1912 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet: no — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Staley (Surname) Martin (First) Luther (Middle)

10. Color or race white — 11. Age at time of this birth 49 yrs.

12. Birthplace York Twp. (City, town, or county) Union County, Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Jaggers (Surname) Sarah (First) (Middle)

16. Color or race white — 17. Age at time of this birth 47 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Jenkins
Address Broadway, Ohio
M. D., midwife, or other (deceased)

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth, *as provided by law.*

Esther Staley 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 she *verily believes.*

Esther Staley Barry *Applicant*

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 21st *day of* July *19* 47.

June Kandel
Deputy Clerk (Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

..... (Official Title)

The State of Ohio, Union **County, ss.**

I, Nellie Pearson, sister, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mrs. Nellie Pearson

P. O. Address Plain City, R-1 Ohio

Sworn to before me and signed in my presence this 21st *day of* July *19* 47.

June Kandel
Deputy Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, Orpha Crider sister, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mrs. Orpha Crider

P. O. Address Marysville, Ohio R-1

Sworn to before me and signed in my presence this 21st *day of* July *19* 47.

June Kandel
Deputy Clerk (Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of the birth
of Esther Louise Staley

July 21 *19* 47

Case No. A-667

ORDER FOR HEARING

This day Esther Louise 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 Special Master Commissioner to take testimony upon said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

.....*19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....
22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....
Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Esther Louise Staley

Probate Court, Union **County, Ohio**

July 21, *19* 47

Case No. A-667

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Esther Louise 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 affidavits of Nellie Pearson and Orpha 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) Taylor 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 47 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Taylor Township (City) (Village) (Township)
(d) Street No.....

3. Full name of child Staley (Surname) Esther (First) Louise (Middle)
4. Date of birth Feb. 7-1912 (Month) (Day) (Year)
5. Sex female
6. Twin or triplet no If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Staley (Surname) Martin (First) Luther (Middle)
10. Color or race white 11. Age at time of this birth 49 yrs.
12. Birthplace York Twp. (City, town, or county) Union County (State or foreign country)
13. Usual occupation farmer
14. Industry or business farming

MOTHER OF CHILD
15. Full maiden name Jaggers (Surname) Sarah (First) (Middle)
16. Color or race white 17. Age at time of this birth 47 yrs.
18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business.....
22. Attending Physician or Midwife:
Name Dr. Jenkins
Address Broadway, Ohio
.....
M. D., midwife, or other (deceased) Date signed.....

21. Children born to this mother:
(a) How many other children of this mother are now living? 2
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0
Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the 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.*

June Kandel
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the birth of Ellen Gertrude Tennery (Boggs)
of Orlando, Florida

Case No. A-668 ✓

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Orlando, Florida *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union
(b) Richwood (City) (Village) (Township)
(c) Name of hospital or institution: at home W. Bomford Street (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Richwood (City) (Village) (Township)
(d) Street No. W. Bomford Street

3. Full name of child Tennery (Surname) Ellen (First) Gertrude (Middle)

4. Date of birth May 20-1882 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Tennery (Surname) Frank (First) Fuller (Middle)
10. Color or race white 11. Age at time of this birth 27 yrs.
12. Birthplace Wapakoneta (City, town, or county) Ohio (State or foreign country)
13. Usual occupation harness maker
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Farrier (Surname) Lucy (First) Margaret (Middle)
16. Color or race white 17. Age at time of this birth 21 yrs.
18. Birthplace Richwood (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(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 Miss Silverthorn(now deceased)
Address Richwood, Ohio
.....
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of the *birth* was never recorded
Your applicant hereby makes application for an order of the Court, directing that this birth be recorded *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.*

Ellen Gertrude Tennery (Boggs) *Applicant*

P. O. Address 426 Anderson Ct. Orlando, Florida

Sworn to before me and signed in my presence this 31st *day of* January *19* 45.

Della Mullinneaui

Notary Public comm. expries 12-27-48 (Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....

..... (Official Title)

The State of Ohio, Union **County, ss.**

I, Ida M. Tennery 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.*

Ida M. Tennery

P. O. Address Sidney, Ohio

Sworn to before me and signed in my presence this 18th *day of* January *19* 45

H. H. Hill

H. H. Hill, notary public, shelby Co. Ohio my comm. expires Feb. 25, 1945 (Official Title)

The State of Ohio, Union **County, ss.**

I, Jessie Fisher Aubt 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.*

Jessie Fisher

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 25th *day of* August *19* 47

Gladys L. Cheney

Notary Public, Union Co. (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth
of Ellen Gertrude Tennery (Boggs)

August 25 *19* 47

Case No. A-668

ORDER FOR HEARING

This day Ellen Gertrude Tennery *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

.....*19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Ellen Gertrude Tennery (Boggs)

Probate Court, Union **County, Ohio**

August 25 *19* 47

Case No. A-668

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Ellen Gertrude Tennery

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 Ida M. Tennery and Jessie Fisher, two credible witnesses;

that notice of the hearing on said application has been dispensed with*; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) (Village) (Township)

(c) Name of hospital or institution:

at home W. Bomford Street (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood (City) W. Bomford Street (Village) (Township)

(d) Street No. W. Bomford Street

3. Full name of child Tennery (Surname) Ellen (First) Gertrude (Middle)

4. Date of birth May 20-1882 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Gennery (Surname) Frank (First) Fuller (Middle)

10. Color or race white 11. Age at time of this birth 27 yrs.

12. Birthplace Wapakoneta, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation harness maker

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Farrier (Surname) Lucy (First) Margaret (Middle)

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Richwood, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business.....

21. Children born to this mother:

(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 Miss Silverthorn (now deceased)

Address Richwood, Ohio

.....

M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

June Kandel

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of the birth record
of Merle Edgar Ohaver

Case No. A-669

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Columbus, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Milford Center (City) (Village) (Township)

(c) Name of hospital or institution: at home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community 22 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Milford Center (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Ohaver (Surname) Merle (First) Edgar (Middle)

4. Date of birth 11-5-1886 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: no — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Ohaver (Surname) Edward Franklin (First) (Middle)

10. Color or race white — 11. Age at time of this birth 21 yrs.

12. Birthplace Milford Center (City, town, or county) Ohio (State or foreign country)

13. Usual occupation painter

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Goff (Surname) Isola (First) (Middle)

16. Color or race white — 17. Age at time of this birth 22 yrs.

18. Birthplace Springfield (City, town, or county) Illinois (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 0
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Aaron Boylan
Address Milford Center, Ohio
.....
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3 p. 149 in that the birth certificate was makred (female) instead of male and that *Your applicant hereby makes application for an order of the Court, directing* the correction of his birth *, as provided by law.* his middle name was not included in the birth record which is Edgar Merle Edgar Ohaver *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Merle Edgar Ohaver *Applicant*

P. O. Address P. O. Box 144 Col. 16, Ohio

Sworn to before me and signed in my presence this 18th *day of* September *19* 47

June Kandel

Deputy Clerk (Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Edward Franklin Ohaver 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 F. Ohaver

P. O. Address 699 Mohawk St. Columbus 6, Ohio

Sworn to before me and signed in my presence this 18th *day of* September *19* 47

June Kandel

Deputy Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, Mary Lola Ohaver wife *, do hereby certify that 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 Lola Ohaver

P. O. Address 699 Mohawk St. Columbus, 6, Ohio

Sworn to before me and signed in my presence this 18th *day of* September *19* 47

June Kandel

Deppty Clerk (Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of the birth
of Merle Edgar Ohaver

September 18 *19* 47

Case No. A-669

ORDER FOR HEARING

This day Merle Edgar Ohaver *appeared in open court and filed an application for the* correction of his birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with. xxxx

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Merle Edgar Ohaver

Probate Court, Union County, Ohio

September 18 1947

Case No. A-669

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Merle Edgar Ohaver *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of Edward Franklin Ohaver and Mary Lola Ohaver, two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Milford Center (City) (Village) (Township)
(c) Name of hospital or institution: at home (if not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 22 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Milford Center (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Ohaver (Surname) Merle (First) Edgar (Middle)
4. Date of birth 11-5-1886 (Month) (Day) (Year)
5. Sex male
6. Twin or triplet no If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Ohaver (Surname) Edward (First) Franklin (Middle)
10. Color or race white 11. Age at time of this birth 21 yrs.
12. Birthplace Milford Center (City, town, or county) Ohio (State or foreign country)
13. Usual occupation painter
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Goff (Surname) Isola (First) (Middle)
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Springfield (City, town, or county) Illinois (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? 0
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Aaron Boylan
Address Milford Center, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that his birth has not been properly and accurately recorded in Vol. 3 page 149 in that the birth certificate was marked (female) instead of male and that his middle name was not included in the birth record which is Edgar.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... County, Ohio

..... 19.....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... for an order of The Court directing the registration of ..... birth. ....., having personally examined the applicant in open court, finds that the facts stated in the application are supported by ..... ; that notice of the hearing on said application has been ..... ; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)
4. Date of birth ..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy .....
8. Mother married? .....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of the birth *of* Beatrice Martha Rodefer

Case No. A-670

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Beverly Hills, California *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Jackson 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) Jackson Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Rodefer (Surname) Beatrice (First) Martha (Middle)

4. Date of birth June 8, 1905 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet: no — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Rodefer Wallace (Surname) John (First) Wallace (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Delaware County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Farming

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Penry (Surname) Emma (First) Anna (Middle)

16. Color or race white 17. Age at time of this birth 25 yrs.

18. Birthplace Delaware County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 0

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. Hall (deceased)

Address Richwood, Ohio

M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of her birth, *as provided by law.*

Beatrice M. Rodefer Rose *Applicant*

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.*

Beatrice M. Rodefer Rose *Applicant*

P. O. Address Beverly Hills, California

Sworn to before me and signed in my presence this 9 *day of* October *19* 47.

Joann Foley

Deputy Clerk (Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, John Wallace Rodefer 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 W. Rodefer

P. O. Address Route #1, Radnow, Ohio

Sworn to before me and signed in my presence this 9 *day of* October *19* 47.

Joann Foley

Deputy Clerk (Official Title)

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of birth record *of* Beatrice Martha Rodefer

October 9 19 47

Case No. A-670

ORDER FOR HEARING

This day Beatrice Martha Rodefer *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Beatrice Martha Rodefer

Probate Court, Union **County, Ohio**

October 9 *19* 47

Case No. A-670

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Beatrice Martha Rodefer

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 Wallace Rodefer, credible Witness, and documentary evidence;

that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Jackson 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) Jackson Township (City) (Village) (Township)

(d) Street No.....

3. Full name of child Rodefer (Surname) Beatrice (First) Martha (Middle)

4. Date of birth June 8, 1905 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet no If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Rodefer (Surname) John (First) Wallace (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Delaware County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Farming

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Penry (Surname) Emma (First) Anna (Middle)

16. Color or race white 17. Age at time of this birth 25 yrs.

18. Birthplace Delaware County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living? 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 (deceased)

Address Richwood, Ohio

.....

M. D., midwife, or other.....Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Ashland County, Ohio

In the Matter of the registration of birth
of Helen I. Bower

Case No. A-671

APPLICATION

Your applicant respectfully represents that she *was born in* Logan *County, Ohio; that* she *now resides in* Union County*; and that the following are the available facts with relation to* *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Logan

(b) Russells Point (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 normal
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Logan

(c) Russells Point (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Bower (Surname) Helen (First) I. (Middle)

4. Date of birth Aug. 2, 1915 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet no If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy normal

8. Mother married? yes

FATHER OF CHILD

9. Full name Bower (Surname) John (First) J. (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Pennsylvania (City, town, or county) ..... (State or foreign country)

13. Usual occupation grocer

14. Industry or business none

MOTHER OF CHILD

15. Full maiden name Funk (Surname) Jennie (First) (none) (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Huntsville, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business none

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 3
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Makenson
Address Lewistown, Ohio
.....
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded in Logan County, Ohio

Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Helen I. Bower Spain *Applicant*

The State of Ohio, Ashland County.

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Helen I. Bower Spain *Applicant*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 10th *day of* Oct. *19* 47

S. H. Boffenmyer, Probate Judge

Laurette Eby, Dep. Clk.
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... County, ss.

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....
(Official Title)

The State of Ohio, Ashland County, ss.

I, John J. Bower Father of Applicant *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

John J. Bower

P. O. Address Ashland, Ohio

Sworn to before me and signed in my presence this 10th *day of* Oct. *19* 47

S. H. Boffenmyer, Probate Judge

Laurette Eby, Dep. Clk.
(Official Title)

The State of Ohio, Ashland County, ss.

I, Jennie Bower 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.*

Mrs. Jennie Bower

P. O. Address Ashland, Ohio

Sworn to before me and signed in my presence this 10th *day of* Oct. *19* 47.

S. H. Boffenmyer, Probate Judge

Laurette Eby, Dep. Clk.
(Official Title)

Probate Court, ... County, Ohio

In the Matter of the .....
of .....

..... *19* .....

Case No. .....

ORDER FOR HEARING

This day ..... *appeared in open court and filed an application for the* .....

It is ordered that hearing on said application .....

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .... *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Helen I. Bower

Probate Court, Union **County, Ohio**

October 18 *1947*

Case No. A-671

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Helen I. Bower

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 J. Bower and Jennie Bower, credibel witnesses; *that notice of the hearing on said application has been* dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following 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) Russells Point (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 normal (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Logan

(c) Russells Point (City) (Village) (Township)

(d) Street No.....

3. Full name of child Bower (Surname) Helen (First) I. (Middle)

4. Date of birth Aug. 2, 1915 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet no If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy normal

8. Mother married? yes

FATHER OF CHILD

9. Full name Bower (Surname) John (First) J. (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Pennsylvania (City, town, or county) ..... (State or foreign country)

13. Usual occupation grocer

14. 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? 0

(c) How many children were born dead? 0

MOTHER OF CHILD

15. Full maiden name Funk (Surname) Jennie (none) (First) (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Huntsville, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business none

22. Attending Physician or Midwife:

Name Dr. Makenson

Address Lewistown, Ohio

M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of the birth
of Helen Allaline Butler

Case No. A-672

APPLICATION

Your applicant respectfully represents that she *was born in* Madison *County, Ohio; that* she *now resides in* Marysville, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Madison

(b) Darby 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 31 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Darby Township (City) (Village) (Township)

(d) Street No.

3. Full name of child Butler (Surname) Helen (First) Allaline (Middle)

4. Date of birth 8-11-1895 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet: twin — If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Butler (Surname) Charles (First) Andrew (Middle)

10. Color or race white — 11. Age at time of this birth 36 yrs.

12. Birthplace Circleville (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Morgridge (Surname) Harriet (First) (Middle)

16. Color or race white — 17. Age at time of this birth 31 yrs.

18. Birthplace Madison County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? 2
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. M. D. Jenkins
Address Plain City, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Vol 5 p. 18 in that she was born in Madison County and it is registered as Union County

Your applicant hereby makes application for an order of the Court, directing the correction of her birth, *as provided by law.*

Helen Butler Rausch *Applicant*

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 Butler Rausch *Applicant*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 5th *day of* December *19* 47

June Kandel
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Anna C. Peters, *do hereby certify that 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 C. Peters

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 5th *day of* December *19* 47

June Kandel
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Grace R. Huber, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Grace R. Huber

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 5th *day of* December *19* 47

June Kandel
Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of the birth
of Helen Allaline Butler

December 5 *19* 47

Case No. A-672

ORDER FOR HEARING

This day Helen Allaline Butler *appeared in open court and filed an application for the* correction of her birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Helen Allaline Butler

Probate Court, Union **County, Ohio**

December 5 *19* 47

Case No. A-672

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Helen Allaline Butler *for an order of The Court correcting* her *birth record, as it is registered in the office of* the Probate Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of Anna C. Peters and Grace R. Huber, two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Madison

(b) Darby 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 31 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Darby Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Butler (Surname) Helen (First) Allaline (Middle)

4. Date of birth 8 (Month) 11 (Day) 1895 (Year)

5. Sex female

6. Twin or triplet twin If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Butler (Surname) Charles (First) Andrew (Middle)

10. Color or race white 11. Age at time of this birth 36 yrs.

12. Birthplace Circleville (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Morgridge (Surname) Harriet (First) (Middle)

16. Color or race white 17. Age at time of this birth 31 yrs.

18. Birthplace Madison County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? 2

(c) How many children were born dead? 0

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name Dr. M. D. Jenkins

Address Plain City, Ohio

M. D., midwife, or other .....

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: in that she was born in Madison County and it is registered in Union County.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.*

....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... ; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? .....

(b) How many other children were born alive but are now dead? .....

(c) How many children were born dead? .....

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name .....

Address .....

M. D., midwife, or other ..... Date signed .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of the birth *of* Lizzie A. McPherson

Case No. A-673

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Marion County *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne (City) (Village) (Township)

(c) Name of hospital or institution: at home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 15 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne (City) (Village) (Township)

(d) Street No. .....

3. Full name of child McPherson (Surname) Lizzie (First) A (Middle)

4. Date of birth 12-29-1882 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet: no — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name McPherson (Surname) Joseph (First) C. (Middle)

10. Color or race white — 11. Age at time of this birth 25 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation carpenter

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Dennis (Surname) Ida (First) (Middle)

16. Color or race white — 17. Age at time of this birth 15 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 0

(b) How many other children were born alive but were then dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. Wurtsbaugh

Address Richwood, Ohio

M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Lizzie McPherson McNeal *Applicant*

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.*

Lizzie McPherson McNeal *Applicant*

P. O. Address Greencamp, Ohio

Sworn to before me and signed in my presence this 30th *day of* December *19*47.

June Kandel

Deputy Clerk (Official Title)

AFFIDAVIT

In the Matter of ..... **Probate Court,** ..... **County, Ohio**

of .....

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Kathryn Dennis niece *, do hereby certify that 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 30th *day of* December *19* 47

June Kandel

Deputy Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, W. A. Douglas *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

W. A. Douglas

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 30th *day of* December *19* 47

June Kandel

Deputy Clerk (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth *of* Lizzie A. McPherson

December 30 *19*47

Case No. A-673

ORDER FOR HEARING

✓ 3.50

This day Lizzie A. McPherson *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. ~~in this case and the Court is appointed Special Master Commissioner to take the testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued~~

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Lizzie A. McPherson

Probate Court, Union **County, Ohio**

December 30 *19* 47

Case No. A-673

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lizzie A. McPherson

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 Kathryn Dennis and W. A. Douglas 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 (City) (Village) (Township)

(c) Name of hospital or institution:

at home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 15 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne (City) (Village) (Township)

(d) Street No.

3. Full name of child McPherson (Surname) Lizzie (First) A. (Middle)

4. Date of birth 12-29-1882 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet no If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name McPherson (Surname) Joseph (First) C. (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation carpenter

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Dennis (Surname) Ida (First) (Middle)

16. Color or race white 17. Age at time of this birth 15 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living? 0
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Wurtsbaugh
Address Richwood, Ohio
.....
M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

June Kandel
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Walter Earl Frazier
of Rosemond, California

Case No. A- 674

APPLICATION

Your applicant respectfully represents that He *was born in* Union *County, Ohio; that* he *now resides in* Rosemond California *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Allen
(City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 3yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Frazier (Surname) Walter (First) Earl (Middle)

4. Date of birth Feb. (Month) 24 (Day) 1910 (Year)

5. Sex Male

6. Twin or triplet No. If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Frazier (Surname) Rogers (First) Walter (Middle)
10. Color or race White 11. Age at time of this birth 36 yrs.
12. Birthplace Hocking Co. Tenn. (City, town, or county) (State or foreign country)
13. Usual occupation Laborer
14. Industry or business Farmer

MOTHER OF CHILD

15. Full maiden name Frazier (Surname) Christiana (First) (Middle)
16. Color or race White 17. Age at time of this birth 34 yrs.
18. Birthplace Brantford Ontario (City, town, or county) Canada (State or foreign country)
19. Usual occupation Housekeeper
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 7
(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 A.B. Swisher
Address Marysville, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth record as registered is incorrect in this to-wit: William Staley Frazier, but should be Walter Earl Frazier*
Your applicant hereby makes application for an order of the Court, directing the correction of his birth, as provided by law.

..... *Applicant*

The State of Ohio, XXXX California, Kern **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Walter Earl Frazier *Applicant*

P. O. Address Rosemond, Calif. R.F. D.

Sworn to before me and signed in my presence this 13th *day of* March *19* 48.

J.G. Sherrill
Justic of Peace 11th Township
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....
.....
(Official Title)

The State of Ohio, Franklin **County, ss.**

I, Christina Frazier, 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.*

Christina Frazier

P. O. Address 815½ Oakwood Avenue, Columbus, Ohio

Sworn to before me and signed in my presence this 17th *day of* March *19* 48.

Frank L. Wolfe
Notary Public
(Official Title)

The State of Ohio, Franklin **County, ss.**

I, Edith M. Cummins a 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.*

Edith Cummins

P. O. Address 815½ Oakwood Avenue, Col. O

Sworn to before me and signed in my presence this 17th *day of* March *19* 48.

Frank L. Wolfe
Notary Public
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Walter Earl Frazier

March 19th *19* 48

Case No. A-674

ORDER FOR HEARING

This day Walter Earl Frazier *appeared in open court and filed an application for the* correction of his birth record

It is ordered that hearing on said application be forthwith and that notice therefore be dispensed with

It is further ordered by The Court that XXXX

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Simeon F. Burham

Case No. A-675

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Sheffield Texas *; 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) Milford Center (City) Union (Village) (Township)

(c) Name of hospital or institution:
R.F.D. Milford Center, Ohio
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community 35
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) R.F.D. Milford Center, (City) (Village) Union Twp. (Township)

(d) Street No. .....

3. Full name of child Burnham (Surname) Simeon (First) F. (Middle)

4. Date of birth April 30, 1868 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? Yes

FATHER OF CHILD

9. Full name Burnham (Surname) Nicholas (First) Hathway (Middle)

10. Color or race white 11. Age at time of this birth 38 yrs.

12. Birthplace Milford Center (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farming

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 3
(b) How many other children were born alive but were then dead? .....
(c) How many children were born dead? .....

MOTHER OF CHILD

15. Full maiden name Hopkins (Surname) Emeliha (First) Elizabeth (Middle)

16. Color or race white 17. Age at time of this birth 35 yrs.

18. Birthplace Milford Center (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

22. Attending Physician or Midwife:
Name Dr. Aaron Boylan
Address Milford Center, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth *, as provided by law.*

Simeon F. Burham *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Simeom F. Burham *Applicant*

P. O. Address Sheffield Texas

Sworn to before me and signed in my presence this 20 *day of* March *19* 48.

John W. Dailey
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, Union **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of birth
of Simeon F. Burham

March 20th. *19* 48

Case No. A-675

ORDER FOR HEARING

This day Simeon F. Burham *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 ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Walter Earl Frazier

Probate Court, Union County, Ohio

March 19th 19 48

Case No. A-674

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Walter Earl Frazier *for an order of The Court correcting* ..... *birth record, as it is registered in the office of* Department of Health, Columbus, Ohio *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* affidavits of Christina Frazier and Edith M. Cummins, two credible witnesses ; *that notice of the hearing on said application has been* dispensed with ; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) ..... Allen Township (City) (Village) (Township)

(c) Name of hospital or institution: .....

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 3yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ..... Township (City) Allen Township (Village) (Township)

(d) Street No. .....

3. Full name of child Frazier (Surname) Walter (First) Earl (Middle)

4. Date of birth Feb. 24, 1910 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Frazier Rogers Walker (Surname) (First) (Middle)

10. Color or race White 11. Age at time of this birth 36 yrs.

12. Birthplace Hocking Co (City, town, or county) Tenn (State or foreign country)

13. Usual occupation Laborer

14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Frazier Christian (Surname) (First) (Middle)

16. Color or race White 17. Age at time of this birth 34 yrs.

18. Birthplace Brantford (City, town, or county) Ontario Canada (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? 7

(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 A.B. SWisher

Address Marysville, Ohio

M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: His birth record as registered is incorrect and should be corrected to read " Walter Earl Frazier" rather than "William Staley Frazier"

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... County, Ohio

..... 19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.*

..... *, having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ;

that notice of the hearing on said application has been ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: .....

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? .....

(b) How many other children were born alive but are now dead? .....

(c) How many children were born dead? .....

22. Attending Physician or Midwife:

Name .....

Address .....

M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

188-A

JOURNAL ENTRY

BARRETT—956-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Simeon F. Burham

Probate Court, Union **County, Ohio**

March 20, *19* 48

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. Burham
for an order of The Court directing the registration 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 (City) (Village) Union (Township)

(c) Name of hospital or institution:

R.F.D. Milford Center, Ohio

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 35 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) R.F. D. Milford Center (City) Union Twp. (Village) (Township)

(d) Street No.....

3. Full name of child Burnham (Surname) Simeon (First) F. (Middle)

4. Date of birth April 30th 1868 (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? Yes

FATHER OF CHILD

9. Full name Burnham (Surname) Nicholas Hathway (First) (Middle)

10. Color or race white 11. Age at time of this birth 38 yrs.

12. Birthplace Milford Center (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 Hopkins (Surname) Emelina (First) Elizabeth (Middle)

16. Color or race white 17. Age at time of this birth 35 yrs.

18. Birthplace Milford Center (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

22. Attending Physician or Midwife:

Name Dr. Aaron Boylan

Address Milford Center Ohio

.....

M. D., midwife, or other..... Date signed.....

21. Children born to this mother:

(a) How many other children of this mother are now living? 3

(b) How many other children were born alive but are now dead? 3

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(SEAL) John W. Dailey *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of William Stephenson Borden

Case No. A-676

APPLICATION

Your applicant respectfully represents that he *was born in* Hardin *County, Ohio; that* he *now resides in* Union Co. R.D.Marysville,O *and 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 County

(b) Mt. Victory (City) (Village) Hale Township (Township)

(c) Name of hospital or institution:
R.D. Mt. Victory , Ohio
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Hardin

(c) Mt. Victory (City) Hale Township (Village) (Township)

(d) Street No. Rural Route

3. Full name of child Borden (Surname) William (First) Stephenson (Middle)

4. Date of birth Jan. 20th., 1925 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? Married

FATHER OF CHILD

9. Full name Borden (Surname) William (First) Ross (Middle)

10. Color or race white 11. Age at time of this birth 39 yrs.

12. Birthplace Brwon Co. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Stephenson (Surname) Helen (First) Pauline (Middle)

16. Color or race white 17. Age at time of this birth 28 yrs.

18. Birthplace Hardin Co. (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? .....
(b) How many other children were born alive but were then dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name Dr. J.H. Holcomb
Address Hepburn, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration of his birth, *as provided by law.*

William Stephenson Borden *Applicant*

The State of 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 Stephenson Borden *Applicant*

P. O. Address R.D. # 2 Marysville, Ohio

Sworn to before me and signed in my presence this 8th *day of* June *19* 48

John W. Dailey
Probate Judge
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... County, ss.

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union County, ss.

I, William Ross Borden, *do hereby certify that 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 R.D. # 2 Marysville, Ohio

Sworn to before me and signed in my presence this 8th *day of* June *19* 48.

John W. Dailey
Probate Judge
(Official Title)

The State of Ohio, Union County, ss.

I, Helen Pauline Stephenson, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Helen Pauline Borden

P. O. Address R.D. # 2 Marysville, Ohio

Sworn to before me and signed in my presence this 8th *day of* June *19* 48.

John W. Dailey
Probate Judge
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Registration of birth
of William Stephenson Borden

June 8th. *19* 48

Case No. A-676

ORDER FOR HEARING

This day William Stephenson Borden *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 xkx ~~xxxx

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...County, Ohio

.....19.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of William Stephenson Borden

Probate Court, Union County, Ohio

June 8th., *19* 48

Case No. A-676

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of William Stephenson Borden

for an order of The Court directing the registration of 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 Ross Borden and Helen Pauline Borden credible witnesses;

that notice of the hearing on said application has been dispensed with*; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Hardin

(b) Mt. Victory (City) (Village) Hale Township (Township)

(c) Name of hospital or institution:

R.D. Mt. Victory (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 3 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Hardin

(c) Mt. Victory (City) (Village) Hale Township (Township)

(d) Street No. Rural Route

3. Full name of child Borden (Surname) William (First) Stephenson (Middle)

4. Date of birth Jan. (Month) 20th. (Day), 1925 (Year)

5. Sex Male

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? Married

FATHER OF CHILD

9. Full name Borden (Surname) William (First) Rose (Middle)

10. Color or race white 11. Age at time of this birth 39 yrs.

12. Birthplace Brown Co. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Stephenson (Surname) Helen (First) Pauline (Middle)

16. Color or race white 17. Age at time of this birth 28 yrs.

18. Birthplace Hardin Co. (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

22. Attending Physician or Midwife:

Name Dr. J.H. Holcomb

Address Hepburn, Ohio

.....

M. D., midwife, or other.....Date signed.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey .....*Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Lemuel Blaine Phelps

Case No. A-677

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 14 Detrick Ave. Dayton, Ohio, *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) York Center (City) York (Village) York Township (Township)
(c) Name of hospital or institution: York Center (Union Co.) 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 38yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) York Center (City) Union Co. (Village) Ohio (Township)
(d) Street No. .....

3. Full name of child Phelps (Surname) Lemual (First) Blaine (Middle)

4. Date of birth Jan. 21. 1884 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Phelps (Surname) Derastus (First) J. (Middle)
10. Color or race White 11. Age at time of this birth 38 yrs.
12. Birthplace Meigs County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Seran (Surname) Mary (First) Jane (Middle)
16. Color or race White 17. Age at time of this birth 38 yrs.
18. Birthplace Summersville (Union County) Ohio (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? .....
(b) How many other children were born alive but were then dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name Dr. Burkman
Address Byhalia, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing registration of his birth, *as provided by law.*

Lemual Blaine 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 he *verily believes.*

Lemual Blaine Phelps *Applicant*
P. O. Address 14 Detrick Avenue Dayton, Ohio

Sworn to before me and signed in my presence this 21st *day of* June *19* 48

John W. Dailey
Probate Judge
(Official Title)

AFFIDAVIT

In the Matter of Lemual Blaine Phelps
of Registration of Birth

Probate Court, Union County, Ohio

The State of Ohio, Union **County, ss.**
I, James Theodore Phelps, *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**
I, James Theodore Phelps, *do hereby certify that 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 Phelps
P. O. Address Church Street., DeGraff, Ohio

Sworn to before me and signed in my presence this 21st *day of* June *19* 48.

John W. Dailey
Probate Judge
(Official Title)

The State of Ohio, Union **County, ss.**
I, Charles Burgess Phelps, *do hereby certify that 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.B. Phelps
P. O. Address 291 Grove Street Richwood, Ohio

Sworn to before me and signed in my presence this 21st *day of* June *19* 48.

John W. Dailey
Probate Judge
(Official Title)

Probate Court, Union County, Ohio

June 21st *19* 48

In the Matter of the Registration of Birth
of Lemual Blaine Phelps

Case No. A-677

ORDER FOR HEARING

This day Lemual Blaine Phelps *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 therefor be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER—CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Lemuel Blaine Phelps

Probate Court, Union **County, Ohio**

June 21st *1948*

Case No. A-677

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lemuel Blaine Phelps
for an order of The Court directing the registration of 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 Theodore Phelps and Charles Burgess 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) York Center, (City) York Township (Village) (Township)
(c) Name of hospital or institution:
Yoek Center Union Co. 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 38years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) York Center (City) Union Co. (Village) Ohio (Township)
(d) Street No.

3. Full name of child Phelps (Surname) Lemuel (First) Blaine (Middle)

4. Date of birth Jan. 21, 1884 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Phelps (Surname) Derastus (First) J (Middle)
10. Color or race white 11. Age at time of this birth 38 yrs.
12. Birthplace Meigs County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name geran (Surname) Mary (First) Jane (Middle)
16. Color or race White 17. Age at time of this birth 38 yrs.
18. Birthplace Summersville Union Co., (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business

21. Children born to this mother: Six
(a) How many other children of this mother are now living? Four
(b) How many other children were born alive but are now dead? Two
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name Dr. Burkman
Address Byhalia, Ohio
.....
M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Mary Gladys Piersol

Case No. A-678

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 234 Linwood Ave Monrovia, California *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville, Ohio R.F.#2 Millcreek Twp.
(City) (Village) (Township)

(c) Name of hospital or institution:
Marysville, Ohio R.F.D.# 2 Millcreek Twp.
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community 2lyrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville, Ohio R.D.# 2 Millcreek Twp.
(City) (Village) (Township)

(d) Street No. .....

3. Full name of child Piersol (Surname) Mary (First) Gladys (Middle)

4. Date of birth April 17th, 1904 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Piersol (Surname) John (First) Liggett (Middle)

10. Color or race White 11. Age at time of this birth 21 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Shannon (Surname) Lora (First) Dell (Middle)

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Delaware County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? .....
(b) How many other children were born alive but were then dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name Dr. Hunt
Address Bellepoint, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Mary Gladys Piersol *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.*

Mary Gladys Piersol *Applicant*

P. O. Address 234 Linwood Ave., Monrovia California

Sworn to before me and signed in my presence this 23rd *day of* June *19*48.

Mary Sanders
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Millie Catherine Ebright 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.*

Millie Catherine Ebright

P. O. Address Marysville, R.F.D. #2

Sworn to before me and signed in my presence this 23rd *day of* June *19*48.

Mary Sanders
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Marie Piersol 2nd cousin by marriage *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Marie Piersol

P. O. Address Marysville, Ohio R.F.D.# 2

Sworn to before me and signed in my presence this 23rd *day of* June *19*48

Mary Sanders
Deputy Clerk
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Registration of birth
of Mary Gladys Piersol

Union *19*.....

Case No. A-678

ORDER FOR HEARING

This day Mary Gladys Piersol *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 XXXXXXXXXX *is appointed Special Master Commissioner to take testimony on said application, if the services of a Special Master Commissioner are necessary and this court is informed.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—356-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...County, Ohio

.....19.....

Case No. .....

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of .....

for an order of The Court correcting .....*birth record, as it is registered in the office of* .....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by* .....

.....;

that notice of the hearing on said application has been .....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Mary Gladys Piersol

Probate Court, Union County, Ohio

June 23rd 19 48

Case No. A-678

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Mary Gladys Piersol

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 Millie Catherine Ebright and Marie Piersol, credible witnesses;

that notice of the hearing on said application has been dispensed with*; and, (being convinced that the claim of the applicant is true,) that the following are the 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 R.F.D. #2 Millcreek Twp (City) (Village) (Township)

(c) Name of hospital or institution:

Marysville, Ohio R.F.D.# 2 Millcreek Twp. (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community.....2lyrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville, Ohio R.F.D. # 2 Millcreek Twp. (City) (Village) (Township)

(d) Street No.....

3. Full name of child Piersol (Surname) Mary (First) Gladys (Middle)

4. Date of birth April 17, 1904 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Piersol (Surname) John (First) Liggett (Middle)

10. Color or race white 11. Age at time of this birth 21 yrs.

12. Birthplace Union Co. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Shannon (Surname) Lora (First) Dell (Middle)

16. Color or race White 17. Age at time of this birth 21 yrs.

18. Birthplace Delaware County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

22. Attending Physician or Midwife:

Name Dr. Hunt

Address Bellepoint, Ohio Delaware

.....

M. D., midwife, or other.....Date signed.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

.....*Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of the birth

of Lena Frances Reneva Knotts

Case No. A-679

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Marysville, Ohio *; and that the following are the available facts with relation to birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) Ohio (Village) Paris (Township) Twp

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 21years

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville, (City) Ohio (Village) Paris Township (Township)

(d) Street No. Oak Street

3. Full name of child Knotts (Surname) Lena (First) Frances (Middle) Reneva

4. Date of birth Dec. 21, 1905 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Knotts (Surname) James (First) Arthur (Middle)

10. Color or race white 11. Age at time of this birth 26 yrs.

12. Birthplace Union (City, town, or county) County Paris Township (State or foreign country)

13. Usual occupation Farmer and laborer

14. Industry or business .....

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? .....

(b) How many other children were born alive but were then dead? .....

(c) How many children were born dead? .....

MOTHER OF CHILD

15. Full maiden name Burns (Surname) Flora Marie Katherine (First) (Middle)

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Union County, Ohio (City, town, or county) Paris Township (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

22. Attending Physician or Midwife:

Name Dr. A.B. Swisher

Address West 6th., Street Marysville, Ohio

M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her birth has not been properly and accurately recorded in Vol. 3 page 117 in that the inital F. should be corrected to read Frances and the third name Reneva was omitted and the name be corrected from Lena F. Knotts to Lena Frances Reneva Knotts, Father's name should read James Arthur Knotts instead of Arthur Knotts, also Mother's name should read Flora Marie Katherine Burns instead of Flora Burns.

Lena Frances Reneva Knotts *Applicant*

P. O. Address Marysville, Ohio R.F.D.# 1

Sworn to before me and signed in my presence this 25th. *day of* June *19* 48.

Mary Sanders

Deputy-Clerk

(Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Flora Marie Katherine Knotts 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 Marie Katherine Knotts

P. O. Address Marysville, Ohio R.F.D. # 1

Sworn to before me and signed in my presence this 25th *day of* June *19* 48

Mary Sanders

Deputy-Clerk

(Official Title)

The State of Ohio, Union **County, ss.**

I, James Arthur Knotts 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 Arthur Knotts

P. O. Address Marysville, Ohio R.F.D.# 1

Sworn to before me and signed in my presence this 25th *day of* June *19* 48

Mary Sanders

Deputy-Clerk

(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Correction of the birth

of Lena Frances Reneva Knotts

June 25th., *19* 48

Case No. A-679

ORDER FOR HEARING

This day Lena Frances Reneva Knotts *appeared in open court and filed an application for the* Correction of her birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ~~.....~~ ~~be and hereby is appointed Special Master Commissioner to take testimony and report to the Court, if necessary, and this cause is continued.~~

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Lena Frances Renva Knotts

Probate Court, Union County, Ohio

June 25th., 19 48

Case No. A-679

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Lena Frances Reneva Knotts *for an order of The Court correcting* her *birth record, as it is registered in the office of* the Probate Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of Flora Marie Katherine and James Arthur Knotts, two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Marysville, Ohio (City) Paris Township (Village) (Township)
(c) Name of hospital or institution: Oak Street Marysville, Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 21years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville, Ohio, (City) Paris Township (Village) (Township)
(d) Street No. .....

3. Full name of child Knotts (Surname) Lena Frances (First) Renva (Middle)
4. Date of birth Dec. 21, 1905 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet No If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy 9
8. Mother married? Yes

FATHER OF CHILD
9. Full name Knotts (Surname) James (First) Arthur (Middle)
10. Color or race white 11. Age at time of this birth 26 yrs.
12. Birthplace Union County (City, town, or county) Paris Township (State or foreign country)
13. Usual occupation Farmer and Laborer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Burns (Surname) Flora Marie Katherine (First) (Middle)
16. Color or race white 17. Age at time of this birth 21 yrs.
18. Birthplace Union County (City, town, or county) Paris Township (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? None
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? None
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name Dr. A. B. SWisher
Address West 6th. Street Marysville, Ohio
M. D., midwife, or other .....

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that her birth has not been propertly and accurately recorded in Vol. 3 page 117 and that the inital F. should be corrected to read Frances and that the third name Renva was omitted and the name be corrected from Lena F. Knotts to Lena Frances Reneva Knotts. Fathers's name should read James Arthur Knotts instead of Arthue Knotts, also the Mother's names should read Flora Marie Katherine Burns instead of Flora Burns.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

Probate Judge.

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... County, Ohio

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.* ....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; ..... ; *that notice of the hearing on said application has been* ..... ; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution: .....
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)
4. Date of birth ..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy .....
8. Mother married? .....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Walter Raleigh Smith

Case No. A-680

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 1065 Neil Ave. Col. Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Milford Center, Ohio (City) Union (Village) Twp. (Township)
(c) Name of hospital or institution: Milford Center , Ohio Union Twp.
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 21yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Milford Center, (City) Ohio (Village) Union Twp. (Township)
(d) Street No. .....

3. Full name of child Smith (Surname) Walter (First) Raleigh (Middle)

4. Date of birth July (Month) 2, (Day) 1893 (Year)

5. Sex Male

6. Twin or triplet No. If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Smith (Surname) Durward (First) Belmont (Middle)
10. Color or race White 11. Age at time of this birth 23 yrs.
12. Birthplace Union Township (City, town, or county) Union County, Ohio (State or foreign country)
13. Usual occupation Marshall of village
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Neal (Surname) Olive (First) Katherine (Middle)
16. Color or race white 17. Age at time of this birth 21 yrs.
18. Birthplace Union Township (City, town, or county) Union County, Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? None
(b) How many other children were born alive but were then dead? None
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name Dr. W.Y.Roots
Address Milford Center, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing registration of his birth, *as provided by law.*

Walter Raleigh 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.*

Walter Raleigh Smith *Applicant*

P. O. Address .....

Sworn to before me and signed in my presence this 3rd *day of* July *19* 48.

Mary Sanders
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**
I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**
I, Durward Belmont 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.*

Durward Belmont Smith

P. O. Address Milford Center, Ohio R.D.# 1

Sworn to before me and signed in my presence this 3rd *day of* July *19* 48.

Mary Sanders
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**
I, David Rees, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

David I. Reese

P. O. Address Milford Center, Ohio Route #

Sworn to before me and signed in my presence this 3rd *day of* July *19* 48.

Mary Sanders
Notary Public
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Walter Raleigh Smith

July 3rd. *19* 48

Case No. A-680

ORDER FOR HEARING

This day Walter Raleigh 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 thereof be dipensed with

It is further ordered by The Court that ~~the~~ ..... be and hereby is appointed Special Master Commissioner ~~to take evidence on said application, if the services of a Special Master Commissioner are necessary,~~ and this cause is continued.

NOTICE OF HEARING RECORDED Page .....

..... *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....
22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....
Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Walter Raleigh Smith

Probate Court, Union **County, Ohio**

July 3rd. *19* 48

Case No. A-680

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Walter Raleigh 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 Durward Belmont Smith and David Rees, credible witnesses.;
that notice of the hearing on said application has been dispensed with*; and, (being convinced that the claim of the applicant is true,) that the following are the 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 Union Township
(City) (Village) (Township)
(c) Name of hospital or institution:
Milford Center, Ohio Union Township
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 21 years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Milford Center, Ohio Union Township
(City) (Village) (Township)
(d) Street No.....

3. Full name of child Smith Walter Raleigh
Surname First Middle
4. Date of birth July 2, 1893
(Month) (Day) (Year)
5. Sex Male
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9
8. Mother married? Yes

FATHER OF CHILD
9. Full name Smith Durward Belmont
Surname First Middle
10. Color or race white 11. Age at time of this birth 23 yrs.
12. Birthplace Union Township Union County, Ohio
(City, town, or county) (State or foreign country)
13. Usual occupation Marshall of village
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Neal Olive Katherine
Surname First Middle
16. Color or race white 17. Age at time of this birth 21 yrs.
18. Birthplace Union Township Union County, Ohio
(City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business.....
22. Attending Physician or Midwife:
Name Dr. W. Y. Roots
Address Milford Center
.....
M. D., midwife, or other..... Date signed.....

21. Children born to this mother:
(a) How many other children of this mother are now living? None
(b) How many other children were born alive but are now dead? None
(c) How many children were born dead? None
Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration the birth *of* Jerry Delbert Headlee

Case No. A-681

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Plain City, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville, (City) Ohio (Village) (Township)

(c) Name of hospital or institution: Kings Daughters Hospital
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution..... In this community 22years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Ostrander (City) Ohio (Village) (Township)

(d) Street No. Ostrander R.D.

3. Full name of child Headlee (Surname) Jerry (First) Delbert (Middle)

4. Date of birth Sept. 9th. 1927 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Headlee (Surname) Delbert (First) Lafe (Middle)

10. Color or race white 11. Age at time of this birth 22 yrs.

12. Birthplace Morgantown (City, town, or county) Penn. (State or foreign country)

13. Usual occupation Heating Work

14. Industry or business Armstrong Furnace Co.

MOTHER OF CHILD

15. Full maiden name Smart (Surname) Besse (First) Elizabeth (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Route 2 (City, town, or county) Ostrander, 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. G. E. Cowles
Address Ostrander, Ohio
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of birth *, as provided by law.*

Jerry Delbert Headlee *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Jerry Delbert Headlee *Applicant*

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 29th *day of* July *19*48.

John W. Dailey

Probate Judge
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, Asa Robert Smart 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.*

Asa Robert Smart

P. O. Address 304 W. 7th. St. Marysville, Ohio

Sworn to before me and signed in my presence this 29th *day of* July *19*48.

John W. Dailey

Probate Judge
(Official Title)

The State of Ohio, Union **County, ss.**

I, Ashton Vernon Smart 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.*

Ashton V. Smart

P. O. Address 304 W. 7th. St. Marysville, Ohio

Sworn to before me and signed in my presence this 29th *day of* July *19*48.

John W. Dailey

Probate Judge
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Registration of birth *of* Jerry Delbert Headlee

July 29th. 1948

Case No. A-681

ORDER FOR HEARING

This day Jerry Delbert Headlee *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

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, Union **County, Ohio**

July 29th. *19* 48

Case No. A-681

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of .....

for an order of The Court correcting .....*birth record, as it is registered in the office of* .....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by* .....

.....;

that notice of the hearing on said application has been .....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Jerry Delbert Headlee

Probate Court, Union **County, Ohio**

July 29th. *19* 48

Case No. A-681

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Jerry Delbert Headlee

for an order of The Court directing the registration of his *birth.*

Jerry Delbert Headlee, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* The testimony of Asa Robert Smart and Ashton V. Smart, credible witnesses;

that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) Ohio (Township)

(c) Name of hospital or institution:

Kings Daughters Hospital (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 22 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Ostrander (City) Ohio (Village) (Township)

(d) Street No. Ostrander, R.D.

3. Full name of child Headlee (Surname) Jerry (First) Delbert (Middle)

4. Date of birth Sept. 9, 1927 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Headlee (Surname) Delbert (First) Lafe (Middle)

10. Color or race white 11. Age at time of this birth 22 yrs.

12. Birthplace Morgantown (City, town, or county) Penn (State or foreign country)

13. Usual occupation Heating Work

14. Industry or business Armstrong Furnace Co

MOTHER OF CHILD

15. Full maiden name Smart (Surname) Besse (First) Elizabeth (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Route 2, (City, town, or county) Ostrander, Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business Housewife

22. Attending Physician or Midwife:

Name Dr. G. E. Cowles

Address Ostrander, Ohio

M. D., midwife, or other..... Date signed.....

21. Children born to this mother:

(a) How many other children of this mother are now living? One

(b) How many other children were born alive but are now dead? None

(c) How many children were born dead? None

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Edna Mae Witcraft

Case No. A-682

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 1120 Blandy Ave., Zanesville, Ohio *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Liberty Township (City) (Village) (Township)
(c) Name of hospital or institution: Liberty Township, Union Co. 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 1 yr. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Liberty Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Witcraft (Surname) Edna (First) Mae (Middle)

4. Date of birth April 1, 1885 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Amos Andrew Witcraft (Surname) (First) (Middle)
10. Color or race: white — 11. Age at time of this birth: 25 yrs.
12. Birthplace: Unknown (City, town, or county) Ohio (State or foreign country)
13. Usual occupation: Farming
14. Industry or business: .....

MOTHER OF CHILD

15. Full maiden name: Lucinda Estella Graham (Surname) (First) (Middle)
16. Color or race: white — 17. Age at time of this birth: 31 yrs.
18. Birthplace: Dover Twp. Union Co. Ohio (City, town, or county) (State or foreign country)
19. Usual occupation: housewife
20. Industry or business: .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name: Dr. David Henderson
Address: Marysville, Ohio
M. D., midwife, or other: .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* 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 Mae Witcraft *Applicant*

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 Mae Holdren *Applicant*
P. O. Address 1120 Blandy Ave., Zanesville, Ohio

Sworn to before me and signed in my presence this 23rd *day of* August *19* 48.
(Seal)
John W. Dailey
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**
I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....
(Official Title)

The State of Ohio, Union **County, ss.**
I, Eltha Graham 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.*

Eltha Graham
P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 23rd *day of* August *19* 48
(Seal)
John W. Dailey
(Official Title)

The State of Ohio, Union **County, ss.**
I, Mary Graham 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.*

Mary Graham
P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 23rd *day of* August *19* 48.
(Seal
John W. Dailey
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Registration of birth
of Edna Mae Witcraft

August 23rd, 19 48
Case No. A-682
ORDER FOR HEARING

This day Edna Mae Witcraft *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 xxxx xxxx

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....
22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....
Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Edna Mae Witcraft

Probate Court, Union **County, Ohio**

August 23rd, *19* 48

Case No. A-682

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Edna Mae Witcraft
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 Eltha Graham and Mary Graham, credible witnesses; *that notice of the hearing on said application has been* dispenses with*; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Liberty Township (City) (Village) (Township)
(c) Name of hospital or institution:
Liberty Township, Union Co. 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 1 yr. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Liberty Township (City) (Village) (Township)
(d) Street No.....

3. Full name of child Witcraft (Surname) Edna (First) Mae (Middle)
4. Date of birth April 1, 1885 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet Single If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9
8. Mother married? April 1, 1885

FATHER OF CHILD
9. Full name Amos Andrew Witcraft (Surname) (First) (Middle)
10. Color or race white 11. Age at time of this birth 25 yrs.
12. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farming
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Lucinda Estella Graham (Surname) (First) (Middle)
16. Color or race white 17. Age at time of this birth 31 yrs.
18. Birthplace Dover Twp. Union Co. Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business.....
22. Attending Physician or Midwife:
Name Dr. David Henderson
Address Marysville, Ohio
.....
M. D., midwife, or other..... Date signed.....

21. Children born to this mother:
(a) How many other children of this mother are now living? 2
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none
Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Ethel Marie McClimans

Case No. A-683

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Trailer City R # 2. Mansfield/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 (City) Union (Village) Ohio (Township)
(c) Name of hospital or institution: State Street, Milford Center, Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 37 yr.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Union
(b) County Ohio
(c) Milford Center (City) Union Toenship (Village) (Township)
(d) Street No. State Street

3. Full name of child McClimans (Surname) Ethel (First) Marie (Middle)

4. Date of birth Jan. 1st. 1884 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: single — If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name McClimans (Surname) John (First) William (Middle)
10. Color or race white 11. Age at time of this birth 42 yrs.
12. Birthplace Milford Center (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Sexton
14. Industry or business Caretaker

MOTHER OF CHILD

15. Full maiden name Southwick (Surname) Alice (First) Marceil (Middle)
16. Color or race white 17. Age at time of this birth 37 yrs.
18. Birthplace Milford Center (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housekeeper
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 4 2
(b) How many other children were born alive but were then dead? 2
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name Dr. Roots
Address Milford Center, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Ethel Marie McClimans Brock *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.*

Ethel Marie McClimans Brock *Applicant*
P. O. Address Tariler City R.# 2, Mansfield, Ohio

Sworn to before me and signed in my presence this 2nd *day of* September *19* 48.

Mary Sanders
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Carrie Maud Board Sister, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Carrie Maud Boord
P. O. Address Peoria, Ohio

Sworn to before me and signed in my presence this 2nd *day of* September *19* 48.

Mary Sanders Board
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Creed Maxwell Board 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.*

Creed Maxwell Boord
P. O. Address Peoria, Ohio

Sworn to before me and signed in my presence this 2nd *day of* September *19* 48.

Mary Sanders
Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Ethel Marie McClimans

September 2nd *19* 48
Case No. A-683
ORDER FOR HEARING

This day Ethel Marie McClimans *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application be has forthwith and that notice thereof be dispensed with

It is further ordered by The Court that XXX *be and hereby is appointed Special Master Commissioner to take such testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Ethel Marie McClimans

Probate Court, Union **County, Ohio**

September 2nd 1948 *19* 48

Case No. A-683

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Ethel Marie McClimans
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 Carrie Maud Boord and Creed Maxwell Board, credible witnesses ;
that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the 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 Union Township (City) (Village) (Township)
(c) Name of hospital or institution: State Street Milford Center, Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 37yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Milford Center, (City) Union Township (Village) (Township)
(d) Street No. State Street

3. Full name of child McClimans Ethel Marie (Surname First Middle)
4. Date of birth Jan.1st,1884 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet single If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name McClimans John William (Surname First Middle)
10. Color or race white 11. Age at time of this birth 42 yrs.
12. Birthplace Milford Center (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Sexton
14. Industry or business Caretaker

MOTHER OF CHILD
15. Full maiden name Southwick Alice Marceil (Surname First Middle)
16. Color or race white 17. Age at time of this birth 37 yrs.
18. Birthplace Milford Center (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housekeeper
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) 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. Roots
Address Milford Center, Ohio
.....
M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey
.....*Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Letha Coffman Bellville

Case No. A-684

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Tucson, Arizona *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union
(b) Marysville, (City) Ohio R.F.D. (Village) Leesburg Township (Township)
(c) Name of hospital or institution: Marysville, Ohio Leesburg Township R.F.D.
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 2½ yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Marysville, (City) Ohio Leesburg Township (Village) R.F.D. (Township)
(d) Street No. .....

3. Full name of child: Bellville (Surname) Letha (First) Coffman (Middle)

4. Date of birth: May 24th., 1904 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: Single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name: Bellville (Surname) Henry (First) Amstard (Middle)
10. Color or race: white — 11. Age at time of this birth: 32 yrs.
12. Birthplace: Paris Twp. (City, town, or county) Union County, Ohio (State or foreign country)
13. Usual occupation: Farming
14. Industry or business: .....

MOTHER OF CHILD

15. Full maiden name: Coffman (Surname) Bessie (First) (Middle)
16. Color or race: white — 17. Age at time of this birth: 21 yrs.
18. Birthplace: Ronsford (City, town, or county) West Virginia (State or foreign country)
19. Usual occupation: Housewife
20. Industry or business: .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 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 A.B.Swisher
Address Marysville, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of her birth *, as provided by law.*

Letha Coffman Bellville Rowlands *Applicant*

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.*

Letha Coffman Bellville Rowlands *Applicant*

P. O. Address 2921 Geronimo Ave., Tucson Ariz.

Sworn to before me and signed in my presence this 18th *day of* September *19*48.

Mary Sanders
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, Henry Amstard Bellville 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 Amstard Bellville

P. O. Address Route # 1, Marysville, Ohio

Sworn to before me and signed in my presence this 18th *day of* September *19*48.

Mary Sanders
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Stanley Anthony Bellville 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.*

Stanley Arthur Bellville

P. O. Address Route #1 Marysville, Ohio

Sworn to before me and signed in my presence this 18th *day of* September *19*48.

Mary Sanders
Deputy Clerk
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Registration of birth
of Letha Coffman Bellville

September 18th *19*48

Case No. A-684

ORDER FOR HEARING

This day Letha Coffman Bellville *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 Special Master Commissioner* ~~to take such testimony on said application, if the services of a Special Master Commissioner are necessary~~; *and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Letha Coffman Bellville

Probate Court, Union **County, Ohio**

September 18th. *19* 48

Case No. A-684

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Letha Coffman Bellville

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 Henry Amstard Bellville and Stanley Anthony Bellville, two credible witnesses.;

that notice of the hearing on said application has been Dispensed with*; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) Ohio R.F.D. Leesburg Township (Village) (Township)

(c) Name of hospital or institution:
Marysville, Ohio R.F.D. Leesburg Township
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution..... In this community 2½ years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville, Ohio R.F.D. leesburg Township (City) (Village) (Township)

(d) Street No.....

3. Full name of child Bellville (Surname) Letha (First) Coffman (Middle)

4. Date of birth May 24th., 1904 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Bellville (Surname) Henry (First) Amstard (Middle)

10. Color or race white 11. Age at time of this birth 32 yrs.

12. Birthplace Paris Township, Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Farming

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Coffman (Surname) Bessie (First) (Middle)

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Ronsford, (City, town, or county) West Virginia (State or foreign country)

19. Usual occupation housewife

20. Industry or business.....

22. Attending Physician or Midwife:

Name Dr. A. B. Swisher

Address Marysville, Ohio

.....

M. D., midwife, or other..... Date signed.....

21. Children born to this mother:

(a) How many other children of this mother are now living? None

(b) How many other children were born alive but are now dead? None

(c) How many children were born dead? None

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

.....*Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Larry Ray Williamson

Case No. A-685

APPLICATION

Your applicant respectfully represents that Larry Ray Williamson *was born in* Union *County, Ohio; that* he *now resides in* Washington Township in said county, *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Washington Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 33 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Washington Township (City) (Village) (Township)

(d) Street No.

3. Full name of child Williamson (Surname) Larry (First) Ray (Middle)

4. Date of birth 9-2-38 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Williamson (Surname) Lloyd (First) Herman (Middle)

10. Color or race white 11. Age at time of this birth 40 yrs.

12. Birthplace Union County (City, town, or county), Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Fleck (Surname) Mildred (First) Lavern (Middle)

16. Color or race white 17. Age at time of this birth 33 yrs.

18. Birthplace Union County (City, town, or county), Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 3
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Robert Dunbaugh M.D. (now deceased)
Address
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of the birth of Larry Rae Williamson is not recorded; that Larry Rae Williamson is a minor and this application if filed by Mildred Hamilton as next friend.
Your applicant hereby makes application for an order of the Court, directing the registration of birth, *as provided by law.* of Larry Ray Williamson

Mildred L. 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.*

Mildred L. Hamilton *Applicant*

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 20th *day of* September *19* 48

F. LeRoy Allen

F. LeRoy Allen, Not. Pub. State of Ohio
My comm. ex. 2/26/51 (Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Mildred Hamilton mother of Larry Ray Williamson, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mildred L. Hamilton

P. O. Address R.F.D., Richwood, Ohio

Sworn to before me and signed in my presence this 20th *day of* September *19* 48

(Seal) John W. Dailey

(Official Title)

The State of Ohio, Union **County, ss.**

I, Mary L. Mann sister of Larry Ray Williamson, *do hereby certify that 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 L. Mann

P. O. Address Marion, Ohio

Sworn to before me and signed in my presence this 20th *day of* September *19* 48

(Seal) John W. Dailey

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Larry Ray Williamson

September 20th, 19 48

Case No. A-685

ORDER FOR HEARING

This day Mildred L. Hamilton *appeared in open court and filed an application for the* registration of birth of Larry Ray Williamson

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 xx ~~be and hereby is appointed Special Master Commissioner to take testimony on said application, if the services of a Special Master Commissioner are necessary,~~ and this cause is continued.

NOTICE OF HEARING RECORDED Page .....

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

.....*19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Larry Ray Williamson

Probate Court, Union **County, Ohio**

September 20th, *19* 48

Case No. A-685

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Mildred Hamilton as next fried of Larry Ray Williamson, a/minor
for an order of The Court directing the registration of the *birth.* of Larry Ray Williamson
The Court, *having personally examined the applicant in open court,*
finds that the facts stated in the application are supported by The testimony of Mildred L. Hamilton and Mary L. Mann,
Credible Witnesses;
that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Washington Township (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 33 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Washington Township (City) (Village) (Township)
(d) Street No.....

3. Full name of child Williamson Larry Ray (Surname First Middle)
4. Date of birth 9-2-38 (Month) (Day) (Year)
5. Sex male
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Williamson Lloyd Herman (Surname First Middle)
10. Color or race white 11. Age at time of this birth 40 yrs.
12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Fleck Mildred Lavern (Surname First Middle)
16. Color or race white 17. Age at time of this birth 33 yrs.
18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business.....

21. Children born to this mother:
(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. Robert Dunbaugh
Address (now deceased)
.....
M. D., midwife, or other M.D. Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Glen Austin Hedges

of Long Beach California

Case No. A-686

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 2275 Long Beach 6, Californa *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) Jackson (Township) (Village)

(c) Name of hospital or institution: None

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution No In this community Yes

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood (City) Jackson (Township) (Village)

(d) Street No. R.F.D.

3. Full name of child Hedges (Surname) Glen (First) Austin (Middle)

4. Date of birth 11/10/05 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet No If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9 mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Hedges (Surname) Ray (First) Clifton (Middle)

10. Color or race White 11. Age at time of this birth 29 yrs.

12. Birthplace Richwood (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Price (Surname) Minnie (First) May (Middle)

16. Color or race white 17. Age at time of this birth 28 yrs.

18. Birthplace LaRue (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business

21. Children born to this mother before this birth:

(a) How many other children of this mother were living?

(b) How many other children were born alive but were then dead?

(c) How many children were born dead?

22. Attending Physician or Midwife:

Name J.J. Roebuck

Address Richwood, Ohio

M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3 Page 96 Item No. 168

Your applicant hereby makes application for an order of the Court, directing correction of his birth record, *as provided by law.*

The birth record described in (2) above is Glen Richardson Hedges and should be Glen Austin Hedges.

Glen Austin Hedges *Applicant*

The State of 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 Austin Hedges *Applicant*

P. O. Address 2275 Long Beach 3, California

Sworn to before me and signed in my presence this 29th *day of* November *19* 48.

Robert F. Allen

Robert F. Allen Notary Public State of Ohio

My Comm. ex (Official Title) 3/8/49

AFFIDAVIT

In the Matter of

of

Probate Court, County, Ohio

The State of Ohio, County, ss.

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*

(Official Title)

The State of Ohio, Union **County, ss.**

I, F.E.Riley Not related to applicant *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

F.E.Riley

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 29th *day of* November *19* 48.

Robert F. Allen

Robert F. Allen Notary Public

(Official Title) St. of Ohio My Comm. 3/8/49

The State of Ohio, Union **County, ss.**

I, Sturgis H. Cheney Not related to Applicant *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Sturgis H. Cheney

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 29th *day of* November *19* 48.

Robert F. Allen

Robert F. Allen Notary Public St. of Ohio

(Official Title) My Comm. ex. 3/8/49

Probate Court, Union County, Ohio

In the Matter of the

of

19

Case No.

ORDER FOR HEARING

This day *appeared in open court and filed an application for the*

It is ordered that hearing on said application

It is further ordered by The Court that *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page

Probate Judge.

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Glen Austin Hedges

Probate Court, Union **County, Ohio**

December 20th, 1948

Case No. A-686

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Glen Austin Hedges

for an order of The Court correcting his *birth record, as it is registered in the office of* Probate Court, Union County, Ohio Vol. 3 P. 96 No 168 *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two credible people having knowledge of the facts ;

that notice of the hearing on said application has been dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) Jackson (Village) (Township)

(c) Name of hospital or institution: None
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution No In this community Yes
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood (City) Jackson (Village) (Township)

(d) Street No. R.F.D.

3. Full name of child Hedges (Surname) Glen (First) Austin (Middle)

4. Date of birth 11/10/05 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet No If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9 mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Hedges (Surname) Ray (First) Clifton (Middle)

10. Color or race white 11. Age at time of this birth 29 yrs.

12. Birthplace Richwood (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business "

MOTHER OF CHILD

15. Full maiden name Price (Surname) Minnie (First) May (Middle)

16. Color or race white 17. Age at time of this birth 28 yrs.

18. Birthplace LaRue (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business

22. Attending Physician or Midwife:
Name J.J. Roebuck
Address Richwood, Ohio

M. D., midwife, or other M.D.

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That said name be corrected from Glen Richardson Hedges to Glen Austin Hedges.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

Probate Court, **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of

for an order of The Court directing the registration of birth.

, having personally examined the applicant in open court, finds that the facts stated in the application are supported by

;

that notice of the hearing on said application has been ; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—

1. PLACE OF BIRTH:

(a) County

(b) (City) (Village) (Township)

(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution In this community
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

(c) (City) (Village) (Township)

(d) Street No.

3. Full name of child (Surname) (First) (Middle)

4. Date of birth (Month) (Day) (Year)

5. Sex

6. Twin or triplet If so—born 1st, 2d, or 3d

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

9. Full name (Surname) (First) (Middle)

10. Color or race 11. Age at time of this birth yrs.

12. Birthplace (City, town, or county) (State or foreign country)

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

15. Full maiden name (Surname) (First) (Middle)

16. Color or race 17. Age at time of this birth yrs.

18. Birthplace (City, town, or county) (State or foreign country)

19. Usual occupation

20. Industry or business

22. Attending Physician or Midwife:
Name
Address

M. D., midwife, or other Date signed

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of 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 *; 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 (City) (Village) Claibourne Twp. (Township)
(c) Name of hospital or institution: Clinton Street (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution No In this community (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood (City) (Village) Claibourne Twp. (Township)
(d) Street No. Clinton Street

3. Full name of child Jerew (Surname) Jerald (First) Walter (Middle)

4. Date of birth 12/11/28 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet No If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9 Mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Jerew (Surname) William (First) Sidney (Middle)
10. Color or race White 11. Age at time of this birth 31 yrs.
12. Birthplace Greencamp Twp. (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business #

MOTHER OF CHILD

15. Full maiden name Douglas (Surname) Martha (First) Dell (Middle)
16. Color or race White 17. Age at time of this birth 23 yrs.
18. Birthplace Radnor (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business None

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 3
(b) How many other children were born alive but were then dead? 1
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name Dr. Finfrock
Address Prospect, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded Walter Jerew's birth
Your applicant hereby makes application for an order of the Court, directing the registration of Jerald *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 18 *day of* January *19*49.

Robert F. Allen
(Seal) Robert F. Allen, Notary Public, State of Ohio
My Comm. Exp. 3/4/49 (Official Title)

AFFIDAVIT

In the Matter of
of

Probate Court, County, Ohio

The State of Ohio, County, ss.

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*.

(Official Title)

The State of Ohio, Union **County, ss.**

I, William 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.

John W. Dailey
(Seal) John W. Dailey, Probate Judge (Official Title)

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 (Official Title)

Probate Court, Union County, Ohio

In the Matter of the Registration of birth
of Jerald Walter Jerew

February 4, 1949

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 *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page

(Seal) John W. Dailey *Probate Judge.*

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JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

.....*19*..

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Jerald Walter Jerew

Probate Court, Union **County, Ohio**

February 4th, *19* 49

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 (Village) Claibourne Twp. (Township)

(c) Name of hospital or institution:

Clinton Street (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution No In this community (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood (Village) Claibourne Twp. (Township)

(d) Street No. Clinton Street

3. Full name of child Jerew (Surname) Jerald (First) Walter (Middle)

4. Date of birth 12/11/28 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet No If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 Mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Jerew (Surname) William Sidney (First) (Middle)

10. Color or race White 11. Age at time of this birth 31 yrs.

12. Birthplace Greencamp Twp. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Douglas (Surname) Martha (First) Dell (Middle)

16. Color or race White 17. Age at time of this birth 23 yrs.

18. Birthplace Radnor (City, town,) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business None

22. Attending Physician or Midwife:

Name Dr. Finfrock

Address Prospect, Ohio

.....

M. D., midwife, or other M. D. Date signed .....

21. Children born to this mother:

(a) How many other children of this mother are now living? 3

(b) How many other children were born alive but are now dead? 1

(c) How many children were born dead? None

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of the birth *of* Maxine Elizabeth Jerew of Route #2, Richwood, Ohio

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 #2; *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Marion

(b) R.R. (City) Greencamp Twp. (Village) (Township)

(c) Name of hospital or institution: Marion Route #2 (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Marion

(c) Greencamp, Twp. (City) (Village) (Township)

(d) Street No. Route #2

3. Full name of child Jerew (Surname) Maxine (First) Elizabeth (Middle)

4. Date of birth 2/21/31 (Month) (Day) (Year)

5. Sex F.

6. Twin or triplet No

If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9 Mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Jerew (Surname) William (First) Sidney (Middle)

10. Color or race White 11. Age at time of this birth 33 yrs.

12. Birthplace Greencamp Twp. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business "

MOTHER OF CHILD

15. Full maiden name Douglas (Surname) Martha (First) Dell (Middle)

16. Color or race White 17. Age at time of this birth 26 yrs.

18. Birthplace Radnor, (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? 4

(b) How many other children were born alive but were then dead? 1

(c) How many children were born dead? None

22. Attending Physician or Midwife:

Name Dr. Ferman M. Wurtzbaugh

Address Richwood, Ohio

M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of 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.*

Marth 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.*

MarthaDell Jerew *Applicant*

P. O. Address R.F.D. #2 Richwood, 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. 5/8/49 (Official Title)

AFFIDAVIT

In the Matter of ..... *of* .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Martha 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, Probate Judge (Official Title)

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.

(Seal) John W. Dailey, Probate Judge (Official Title)

Probate Court, Union County, Ohio

In the Matter of the Registration of birth *of* Maxine Elizabeth Jerew

February 4, *19* 49

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 ..... be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.

NOTICE OF HEARING RECORDED Page ..... (Seal) John W. Dailey *Probate Judge.*

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JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

19.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Maxine Elizabeth Jerew

Probate Court, Union **County, Ohio**

February 4th, *19* 49

Case No. A-688

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Maxine Elizabeth Jerew

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. (City) Greencamp Twp. (Township) (Village)

(c) Name of hospital or institution:

Marion Route #2 (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Marion

(c) Greencamp, Twp. (City) (Village) (Township)

(d) Street No. Route #2

3. Full name of child Jerew (Surname) Maxine (First) Elizabeth (Middle)

4. Date of birth 2/21/31 (Month) (Day) (Year)

5. Sex F

6. Twin or triplet No If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 Mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Jerew (Surname) William (First) Sidney (Middle)

10. Color or race White 11. Age at time of this birth 33 yrs.

12. Birthplace Greencamp Twp. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business "

MOTHER OF CHILD

15. Full maiden name Douglas (Surname) Martha (First) Dell (Middle)

16. Color or race White 17. Age at time of this birth 26 yrs.

18. Birthplace Radnor, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business None

22. Attending Physician or Midwife:

Name Dr. Ferman M. Wurtsbaugh

Address Richwood, Ohio

M. D., midwife, or other M.D. Date signed.....

21. Children born to this mother:

(a) How many other children of this mother are now living? 4

(b) How many other children were born alive but are now dead? 1

(c) How many children were born dead? None

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Gladys Elizabeth Longnecker

Case No. A-689

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 133 Mulberry St, Cincinnita, 10, Ohio, *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ..... (City) ..... (Village) Allen Township (Township)

(c) Name of hospital or institution: Marysville Route # 5
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community 2yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ..... (City) ..... (Village) Allen Township (Township)

(d) Street No. Marysville Route # 5

3. Full name of child Longnecker (Surname) Gladys (First) Elizabeth (Middle)

4. Date of birth Apr. 3 1893 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: No

If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Longnecker (Surname) David (First) Albertus (Middle)

10. Color or race White 11. Age at time of this birth 26 yrs.

12. Birthplace Shelby (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farming

14. 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

MOTHER OF CHILD

15. Full maiden name Reed (Surname) Mary (First) Elizabeth (Middle)

16. Color or race white 17. Age at time of this birth 19 yrs.

18. Birthplace Darby Township (City, town, or county) Union County, Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

22. Attending Physician or Midwife:
Name Dr. Emmons
Address North Lewisburg, Ohio
.....
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of 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.*

Gladys Elizabeth Longnecker *Applicant*

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.

Gladys Elizabeth Longnecker *Applicant*

P. O. Address 133 Mulberry St. Cinninnita, 10. Ohio

Sworn to before me and signed in my presence this 23 *day of* April *19*49.

Mary Sanders
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

.....
.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, D.E. Beightler neighbor 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 W. 7th St. Marysville, Ohio

Sworn to before me and signed in my presence this 23rd. *day of* April *19*49.

Mary Sanders
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Elsie Beightler neighbor 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.*

Elsie Beightler

P. O. Address W. 7th.St. Marysville, Ohio

Sworn to before me and signed in my presence this 23rd *day of* April *19*49.

Mary Sanders
Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Gladys Elizabeth Longnecker

April 23 *19*49

Case No. A-689

ORDER FOR HEARING

This day Gladys Elizabeth Longnecker *appeared in open court and filed an application for the* registration of birth

It is ordered that hearing on said application beforthwith and that notice of the said hearing be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court,.....County, Ohio

.....19.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Gladys Elizabeth Longnecker

Probate Court, Union County, Ohio

April 23rd 19 49

Case No. A-689

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Gladys Elizabeth Longnecker

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 D.E. Beightler and Elsie Beightler two credible witnesses;

that notice of the hearing on said application has been dispensed with*; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) ..... (City) (Village) Allen Township (Township)

(c) Name of hospital or institution:

Marysville, Route # 5 (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 2 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ..... (City) (Village) Allen Township (Township)

(d) Street No. Marysville, Ohio Route # 5

3. Full name of child Longnecker (Surname) Gladys (First) Elizabeth (Middle)

4. Date of birth April 3, 1893 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Longnecker (Surname) David (First) Albertus (Middle)

10. Color or race white 11. Age at time of this birth 26 yrs.

12. Birthplace Shelby (City, town, or county) ..... Ohio (State or foreign country)

13. Usual occupation Farming

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Reed (Surname) Mary (First) Elizabeth (Middle)

16. Color or race white 17. Age at time of this birth 19 yrs.

18. Birthplace Darby Township (City, town, or county) Union County (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

22. Attending Physician or Midwife:

Name Dr. Emmons

Address North Lewisburg, Ohio

.....

M. D., midwife, or other.....Date signed.....

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

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

John W. Dailey *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Starling Alberta Hendrickson

Case No. A-690

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Leesburg Twp. Marysville, Ohio R.D.# 3; *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
(City) (Village) (Township)

(c) Name of hospital or institution:
Richwood, Ohio Route # 2
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood, Ohio Claibourne Township
(City) (Village) (Township)

(d) Street No. R.F.D.# 2

3. Full name of child Hendrickson (Surname) Starling (First) Alberta (Middle)

4. Date of birth Jan. 8 1913 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: No — If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Hendrickson (Surname) Charles Alfred (First) (Middle)

10. Color or race White 11. Age at time of this birth 28 yrs.

12. Birthplace Marion (City, town, or county) County, Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Fenton (Surname) Blanche (First) Jane (Middle)

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Mercer (City, town, or county) County, Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead?
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name Dr. Roebuck
Address Richwood, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration of her *, as provided by law.*

Starling Alberta Hendrickson McNeal *Applicant*

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.*

Starling Alberta Hendrickson McNeal *Applicant*

P. O. Address Marysville, R.F.D.# 3

Sworn to before me and signed in my presence this 30th *day of* April *19*49.

Martha Jane Guy
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, Charles Alfred 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.*

X-Hendrickson-His Mark

P. O. Address Prospect, Ohio

Sworn to before me and signed in my presence this 30th *day of* April *19*49.

Martha Jane Guy
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Blance Jane Hendrickson 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.*

Blanche Jane Hendrickson

P. O. Address Prospect, Ohio

Sworn to before me and signed in my presence this 30th *day of* April *19*49.

Martha Jane Guy
Deputy Clerk
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Starling Alberta Hendrickson

April 30th. *19*49

Case No. A-690

ORDER FOR HEARING

This day Starling Alberta Hendrickson *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 the said hearing be dis~~/~~pensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Starling Alberta Hendrickson

Probate Court, Union **County, Ohio**

April 30th *19* 49

Case No. A-690

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Starling Alberta Hendrickson
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 Charles Alfred Hendrickson and Blanche Jane Hendrickson 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 Township (City) (Village) (Township)
(c) Name of hospital or institution:
Richwood, Ohio Route # 2 (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 yr. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Hendrickson (Surname) Starling (First) Alberta (Middle)

4. Date of birth Jan. 8, 1913 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet No ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Hendrickson (Surname) Charles (First) Alfred (Middle)
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Marion County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farming

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?.....

MOTHER OF CHILD

15. Full maiden name Fenton (Surname) Blanche (First) Jane (Middle)
16. Color or race white 17. Age at time of this birth 21 yrs.
18. Birthplace Mercer County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

22. Attending Physician or Midwife:
Name Dr. Roebuck
Address Richwood, Ohio
.....
M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(SEAL)

John W. Dailey *Probate Judge.*
Martha Jane Guy
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, ...**County, Ohio**

In the Matter of the.....
of .....

Case No......

APPLICATION

Your applicant respectfully represents that.....*was born in*.....*County, Ohio; that*.....*now resides in* .....*; and that the following are the available facts with relation to*.....*birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County.....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

21. Children born to this mother before this birth:

(a) How many other children of this mother were living?.....

(b) How many other children were born alive but were then dead?.....

(c) How many children were born dead?.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of.....*birth* .....

Your applicant hereby makes application for an order of the Court, directing....., *as provided by law.*

..... *Applicant*

The State of Ohio,.....**County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as.....*verily believes.*

..... *Applicant*

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

.....
(Official Title)

AFFIDAVIT

In the Matter of.....
of .....

Probate Court,.....**County, Ohio**

The State of Ohio,.....**County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of*....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

.....
(Official Title)

The State of Ohio,.....**County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

.....
(Official Title)

The State of Ohio,.....**County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

.....
(Official Title)

Probate Court, ...**County, Ohio**

In the Matter of the.....
of .....

..... *19*.....

Case No......

ORDER FOR HEARING

This day .....*appeared in open court and filed an application for the* .....

It is ordered that hearing on said application.....

It is further ordered by The Court that.....*be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page..... ..... *Probate Judge.*

John Allen Elliott
1276 Pond View Ave.
Akron, Ohio
Union County No. A-700

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of John Allen Elliott

Probate Court, Summit **County, Ohio**

February 24, 1950

Case No. A-11244-446

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of John Allen Elliott

for an order of The Court correcting his *birth record, as it is registered in the office of* Probate Court, Union County, Ohio.
Robert B. Romweber, Special Master Commissioner appointed by the Court,
on consideration of the evidence submitted, finds that the facts stated in the application are supported by the affidavit and testimony of applicant, together with that of Eva L. Laughrey, Aunt, one credible witness, also along with clear and convincing documentary evidence;
that notice of the hearing on said application has been dispensed with; *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County: Union
(b) (City) (Village) (Township): Liberty
(c) Name of hospital or institution: At home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State: Ohio
(b) County: Union
(c) (City) (Village) (Township): Liberty
(d) Street No. .....

3. Full name of child: Elliott (Surname) John (First) Allen (Middle)
4. Date of birth: 6/17/1890 (Month) (Day) (Year)
5. Sex: Male
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy: Nine
8. Mother married? Yes

FATHER OF CHILD
9. Full name: Elliott (Surname) Abner (First) Davis (Middle)
10. Color or race: White
11. Age at time of this birth: 35 yrs.
12. Birthplace: Union County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation: Farmer
14. Industry or business: Self

MOTHER OF CHILD
15. Full maiden name: Laughrey (Surname) Mary (First) Elizabeth (Middle)
16. Color or race: White
17. Age at time of this birth: 28 yrs.
18. Birthplace: Licking County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation: Housewife
20. Industry or business: Home
22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other .....

21. Children born to this mother:
(a) How many other children of this mother are now living? three three
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none
Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: Applicant's name is "John Allen Elliott", and not "Estelle Eliott", applicant's sex is "Male", and not "Female", applicant's father's name is "Abner Davis Elliott", and not "A.D.Elliott", applicant's mother's maiden name is "Mary Elizabeth Laughrey", and not "Mary Laughery", as previously incorrectly recorded in Volume 3, Page 54 of the Records of Birth of Union Co., 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.

VINCENT ZURZ *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19.....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of .....

for an order of The Court directing the registration of ..... *birth.*

....., *having personally examined the applicant in open court,*

finds that the facts stated in the application are supported by .....;

that notice of the hearing on said application has been .....; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) (City) (Village) (Township) .....
(c) Name of hospital or institution: .....
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) (City) (Village) (Township) .....
(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)
4. Date of birth ..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy .....
8. Mother married? .....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race .....
11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race .....
17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business .....
22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....
Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Hollis Merteina Witcraft
of Correction of Birth

Case No. A-713

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Galion, Ohio Route # 2 *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Liberty 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 4 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union-Logan County Line
(c) West Liberty (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Witcraft (Surname) Hollis (First) Merteina (Middle)

4. Date of birth Jan. 2 1887 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: sihgle If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Witcraft (Surname) Amos (First) A. (Middle)
10. Color or race white 11. Age at time of this birth 27 yrs.
12. Birthplace Union County, Ohio (City, town, or county) ..... (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Graham (Surname) Estella (First) ..... (Middle)
16. Color or race white 17. Age at time of this birth 33 yrs.
18. Birthplace Union County, Ohio (City, town, or county) ..... (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 3
(b) How many other children were born alive but were then dead? None
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name Dr. Whittaker
Address West Middleburg, Ohio
M. D., midwife, or other .....

Your applicant further represents that the registration of her birth has not been properly recorded in Vol. 3 Page 209 No. 433 of the records of Births of Union County, Ohio in that the date of birth is recorded as June 2,1887 and the correct date of birth should be given as January 2, 1887. and the first name is incorrect spelled Hallas and should be spelled Hollis, And the middle name Merteina was omitted.
Your applicant hereby makes application for an order of the Court directing the correction of her birth record as provided by law.

P. O. Address Route # 2 Galion, Ohio

Sworn to before me and signed in my presence this 2nd *day of* September *19* 50.

Martha Jane Guy
Deputy Clerk
(Official Title)

(SEAL)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, Rpland Witcraft 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.*

Roland Witcraft

P. O. Address 1440 Pratt Blvd. Chicago, Ill.

Sworn to before me and signed in my presence this 2nd *day of* September *19* 50.

Martha Jane Guy
Deputy Clerk
(Official Title)

(SEAL)

The State of Ohio, Union **County, ss.**

I, Eltha Graham Double-Cousins *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Eltha Graham

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2nd. *day of* September *19* 50

Martha Jane Guy
Deputy-Clerk
(Official Title)

(SEAL)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth
of Hollis Merteina Witcraft

September 2nd., *19* 50

Case No. A-713

ORDER FOR HEARING

This day Hollis Merteina Witcraft *appeared in open court and filed an application for the* correction of birth with.

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed/

It is further ordered by The Court that ~~xxxx

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Hollis Merteina Witcraft

Probate Court, Union **County, Ohio**

September 2nd. *19* 50

Case No. A-712

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Hollis Merteina Witcraft *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court Union County Ohio *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of Roland Witcraft brother and Eltha Graham a double cousin two credible witnesses ; *that notice of the hearing on said application has been* dispensed with/ *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Liberty (City) (Village) (Township)

(c) Name of hospital or institution: At Home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community 4 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Union

(b) County Union-Logam County Line

(c) West Middleburg (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Witcraft (Surname) Hollis (First) Merteina (Middle)

4. Date of birth Jan. 2, 1887 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Witcraft (Surname) Amos (First) A. (Middle)

10. Color or race white 11. Age at time of this birth 27 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Graham (Surname) Estella (First) (Middle)

16. Color or race white 17. Age at time of this birth 33 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) 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. Whittaker
Address West Middleburg, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that her birth was not properly recorded in Vol. 3 Page 209 No.433 of Record of Births of Union County, Ohio in that the date of birth is recorded as June 2, 1887 and the correct date should be given as January 2,1887 And the first name is incorrect and spelled Hallas and should be Hollis and in the middle name Merteina was omitted.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(SEAL) JOHN W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, **County, Ohio**

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.*

....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: .....
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the the correct of Birth

of Christine Bessie Mills

Case No. A-715

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 1359 Neil Ave. Columbus, O.; *and that the following are the available facts with relation to birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) (City) (Village) Millcreek Twp. (Township)

(c) Name of hospital or institution: Millcreek Twp Union County, Ohio
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community 30 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) (City) (Village) Millcreek Twp (Township)

(d) Street No.

3. Full name of child Mills (Surname) Christine (First) Bessie (Middle)

4. Date of birth Oct. 25 1901 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: Single

If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9 mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Mills (Surname) George P. Jr. (First) (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Delaware (City, town, or county) County Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Smart (Surname) Minnie Bell (First) (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 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. J.A. Pounds
Address Ostrander, Ohio
M. D., midwife, or other M.D.

Your applicant further represents that the registration of her birth has not been properly recorded in Vol. 3 page 143 in the Records of Birth of Union County, Ohio in that the date of birth is recorded as Nov. 12,1901 and the date of birth should be corrected to read Oct. 25, 1901 and the same is recorded as Infant Mills and should be corrected to read Christine Bessie Mills.

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as verily believes.

Christine Bessie Mills Habbersett *Applicant*

P. O. Address 1359 Neil Ave, Columbus, Ohio

Sworn to before me and signed in my presence this 3rd *day of* November 1950.

Mary Sanders
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

.....
.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, Minnie Bell Mills 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 Bell Mills

P. O. Address 1359 Neil Avenue, Columbus, Ohio

Sworn to before me and signed in my presence this 3rd *day of* November 1950.

Mary Sanders
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, George P. Mills Jr. 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 P. Mills Jr.

P. O. Address Ostrander, Ohio

Sworn to before me and signed in my presence this 3rd *day of* November 19 50

Mary Sanders
Deputy Clerk
(Official Title)

Probate Court, ... County, Ohio

In the Matter of the .....
of .....

Case No. .....

19.....

ORDER FOR HEARING

This day ..... *appeared in open court and filed an application for the* .....

It is ordered that hearing on said application .....

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

..... *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Chrsitine Bessie Mills

Probate Court, Union **County, Ohio**

November 3rd., 1950

Case No. A-715

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Christine Bessie Mills *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court, Union County, Ohio *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of Minnie Bell Mills and George P. Mills credible witnesses ; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Millcreek Township (City) (Village) (Township)
(c) Name of hospital or institution: Millcreek Twp Union Co. Ohio Ohio (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 30 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Millcreek Twp. (City) (Village) (Township)
(d) Street No.

3. Full name of child Mills (Surname) Christine (First) Bessie (Middle)
4. Date of birth Oct. 25,1901 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet Single If so—born 1st, 2d, or 3d
7. Number months of pregnancy 9 mos
8. Mother married? Yes

FATHER OF CHILD
9. Full name Mills, George P. Jr. (Surname) (First) (Middle)
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Delaware (City, town, or county) County, Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Smart, Minnie Bell (Surname) (First) (Middle)
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living? one
(b) How many other children were born alive but are now dead? None
(c) How many children were born dead? None
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name Dr. J.A.Pounds
Address Ostrander, Ohio
M. D., midwife, or other M.D.

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that her birth has not been properly and accurately recorded in Vol. 3, Page 143 in the Records of Birth of Union County, Ohio in that the date of birth is recorded as Nov. 12th.,1901 and the date of birth should be corrected to read Oct,25,1901 and that the name is recorded as Infact Mills and should corrected to read as Christine Bessie Mills.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(SEAL) JOHN W. DAILEY *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of *for an order of The Court directing the registration of* *birth.* *, having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ; *that notice of the hearing on said application has been* *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County
(b) (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State
(b) County
(c) (City) (Village) (Township)
(d) Street No.

3. Full name of child (Surname) (First) (Middle)
4. Date of birth (Month) (Day) (Year)
5. Sex
6. Twin or triplet If so—born 1st, 2d, or 3d
7. Number months of pregnancy
8. Mother married?

FATHER OF CHILD
9. Full name (Surname) (First) (Middle)
10. Color or race 11. Age at time of this birth yrs.
12. Birthplace (City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD
15. Full maiden name (Surname) (First) (Middle)
16. Color or race 17. Age at time of this birth yrs.
18. Birthplace (City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name
Address
M. D., midwife, or other Date signed

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, ...County, Ohio

In the Matter of the.....
of .....

Case No.....

APPLICATION

Your applicant respectfully represents that.....was born in.....County, Ohio; that.....now resides in .....; and that the following are the available facts with relation to.....birth as of the date of delivery:

1. PLACE OF BIRTH:

(a) County.....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet .....

If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

21. Children born to this mother before this birth:

(a) How many other children of this mother were living?.....

(b) How many other children were born alive but were then dead?.....

(c) How many children were born dead?.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of.....birth .....

Your applicant hereby makes application for an order of the Court, directing....., as provided by law.

..... *Applicant*

The State of Ohio,.....County.

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as.....verily believes.

..... *Applicant*

P. O. Address.....

Sworn to before me and signed in my presence this.....day of.....19.....

.....

..... (Official Title)

AFFIDAVIT

In the Matter of.....
of .....

Probate Court,.....County, Ohio

The State of Ohio,.....County, ss.

I, ..., do hereby certify that I was the physician in attendance at the birth of....., the applicant herein, and that the facts stated in the application are true, as I verily believe.

..... *Attending Physician*

P. O. Address.....

Sworn to before me and signed in my presence this.....day of.....19.....

.....

..... (Official Title)

The State of Ohio,.....County, ss.

I, ..., do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....day of.....19.....

.....

..... (Official Title)

The State of Ohio,.....County, ss.

I, ..., do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....day of.....19.....

.....

..... (Official Title)

Probate Court, ...County, Ohio

In the Matter of the.....
of .....

.....19.....

Case No.....

ORDER FOR HEARING

This day .....appeared in open court and filed an application for the .....

It is ordered that hearing on said application.....

It is further ordered by The Court that.....be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.

NOTICE OF HEARING RECORDED Page..... ..... *Probate Judge.*

JOURNAL ENTRY
BARRETT—556-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Robert Lawrence Everett

Probate Court, Union **County, Ohio**

December 21st., *19* 50

Case No. 2892-Union County No. A-718

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Robert Lawrence Everett *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court of Union County, Ohio in Birth Record Vo. 3 Page 54 and numbered 74, *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* Applicants Marriage record in Vol. 16 page 84 of the Marriage Records of Marion County, Probate Court and affidavit of Lelia Chapman, one of the nurses attending birth of applicant. *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Jackson Township (City) (Village) (Township)
(c) Name of hospital or institution: Home (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Everett (Surname) Robert (First) Lawrence (Middle)
4. Date of birth August (Month) 6, (Day) 1891 (Year)
5. Sex M
6. Twin or triplet -- If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy .....
8. Mother married? Yes

FATHER OF CHILD
9. Full name Everett (Surname) William (First) (Middle)
10. Color or race W 11. Age at time of this birth 23 yrs.
12. Birthplace Madison County, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD
15. Full maiden name Parish, (Surname) Elva (First) (Middle)
16. Color or race W 17. Age at time of this birth 21 yrs.
18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? 0
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. D. P. Fall
Address Richwood, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:
Applicants first name not given, second name mispelled, day of birth incorrect, and mothers name given incorrect,

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

EDWARD J. RUZZO *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, **County, Ohio**

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.*

....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)
4. Date of birth ..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy .....
8. Mother married? .....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, ...County, Ohio

In the Matter of the.....

of .....

Case No.....

APPLICATION

Your applicant respectfully represents that.....was born in.....County, Ohio; that.....now resides in .....; and that the following are the available facts with relation to.....birth as of the date of delivery:

1. PLACE OF BIRTH:

(a) County.....

(b) .....
(City) (Village) (Township)

(c) Name of hospital or institution:

.....
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) .....
(City) (Village) (Township)

(d) Street No. .....

3. Full name of child.....
Surname First Middle

4. Date of birth.....
(Month) (Day) (Year)

5. Sex .....

6. Twin or triplet .....

If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name .....
Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace .....
(City, town, or county) (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

21. Children born to this mother before this birth:

(a) How many other children of this mother were living?.....

(b) How many other children were born alive but were then dead?.....

(c) How many children were born dead?.....

MOTHER OF CHILD

15. Full maiden name.....
Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace .....
(City, town, or county) (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of.....birth .....

Your applicant hereby makes application for an order of the Court, directing....., as provided by law.

..... Applicant

The State of Ohio,.....County.

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as.....verily believes.

..... Applicant

P. O. Address.....

Sworn to before me and signed in my presence this.....day of.....19.....

.....

.....
(Official Title)

AFFIDAVIT

In the Matter of.....

of .....

Probate Court,.....County, Ohio

The State of Ohio,.....County, ss.

I, ..., do hereby certify that I was the physician in attendance at the birth of....., the applicant herein, and that the facts stated in the application are true, as I verily believe.

..... Attending Physician

P. O. Address.....

Sworn to before me and signed in my presence this.....day of.....19.....

.....

.....
(Official Title)

The State of Ohio,.....County, ss.

I, ..., do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....day of.....19.....

.....

.....
(Official Title)

The State of Ohio,.....County, ss.

I, ..., do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....day of.....19.....

.....

.....
(Official Title)

Probate Court, ...County, Ohio

In the Matter of the.....

of .....

.....19.....

Case No.....

ORDER FOR HEARING

This day .....appeared in open court and filed an application for the .....

It is ordered that hearing on said application.....

It is further ordered by The Court that.....be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.

NOTICE OF HEARING RECORDED Page..... ..... *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Ruth Pollitt

Probate Court, Franklin County, Ohio

Union Co. No. A-719 March 22, 19 51

Franklin County *Case No.* 142512

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Mrs. Nelson J. Neubig,

for an order of The Court correcting the *birth record, as it is registered in the office of* Probate Court of Union County, Ohio Birth Record Vol. 4 Page 200 No. 256 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:

Documentary Evidence, as follows: Family Bible showing applicant was born on Oct. 4, 1904 and written in the handwriting of maternal aunt; Marriage Record Vol. 92, page 164 showing date and place of birth of applicant and names of parents;

1. PLACE OF

(a) County

(b)

(c) Name of hosp

(If

(d) Mother's stay

In hospital or in

3. Full name of c — First — Middle

4. Date of birth Oct. 4, 1904 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet — If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Pollitt (Surname) Delmer (First) (Middle)

10. Color or race W 11. Age at time of this birth 26 yrs.

12. Birthplace Milford Center (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Mechanic

14. Industry or business Armstrong Mfg. Co.

MOTHER OF CHILD

15. Full maiden name Norris (Surname) Sibyl (First) Jewell (Middle)

16. Color or race W 17. Age at time of this birth 23 yrs.

18. Birthplace Jerome (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Clerk

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

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name Dr. Henderson
Address E. Fifth St. Marysville, O.
M. D.,

It is therefore ordered that the Birth Record of the applicant herein be corrected by the Court and the same hereby is , 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
Probate Judge.
Judge of the Probate Court of Franklin County, Ohio

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, County, Ohio

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of

for an order of The Court directing the registration of birth.

, having personally examined the applicant in open court, finds that the facts stated in the application are supported by

;

that notice of the hearing on said application has been ; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—

1. PLACE OF BIRTH:

(a) County

(b) (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution In this community
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

(c) (City) (Village) (Township)

(d) Street No.

3. Full name of child — Surname — First — Middle

4. Date of birth (Month) (Day) (Year)

5. Sex

6. Twin or triplet — If so—born 1st, 2d, or 3d

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

9. Full name — Surname — First — Middle

10. Color or race 11. Age at time of this birth yrs.

12. Birthplace (City, town, or county) (State or foreign country)

13. Usual occupation

14. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

MOTHER OF CHILD

15. Full maiden name — Surname — First — Middle

16. Color or race 17. Age at time of this birth yrs.

18. Birthplace (City, town, or county) (State or foreign country)

19. Usual occupation

20. Industry or business

22. Attending Physician or Midwife:
Name
Address

M. D., midwife, or other Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth
of Ira Everette Cowgill

Case No. A -721

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in the village of* Richwood, Ohio, Union Co., *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Jackson Township (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 2 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State
(b) County
(c) (City) (Village) (Township)
(d) Street No.

3. Full name of child Cowgill (Surname) Ira (First) Everette (Middle)

4. Date of birth Jan. 5 1882 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet no If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Cowgill (Surname) George Watson (First) (Middle)
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Union (City, town, or county) County Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farmer

MOTHER OF CHILD

15. Full maiden name Harraman (Surname) Inez (First) Lillian (Middle)
16. Color or race white 17. Age at time of this birth 26 yrs.
18. Birthplace Marion County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? None
(b) How many other children were born alive but were then dead? None
(c) How many children were born dead? None
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name Dr. E.Y. King
Address Richwood, Ohio
M. D., midwife, or other

Your applicant further represents that the registration of his *birth* has not been recorded property and accurately in Vol. 2, Page 40 of the birth records of Union County, Ohio
Your applicant hereby makes application for an order of the Court, directing the correction of birth *, as provided by law.*

Ira Everette Cowgill *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

IRA EVERETTE COWGILL *Applicant*

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 27th *day of* April *19* 51.

Robert F. Allen
Not. Pub. State of Ohio
(Official Title) Comm. ex. 3/8/52

AFFIDAVIT

In the Matter of
of

Probate Court, **County, Ohio**

The State of Ohio, **County, ss.**

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*

(Official Title)

The State of Ohio, UNION **County, ss.**

I, F.C.Allen, *do hereby certify that 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 30th *day of* April *19* 51

John W. Dailey
Probate Judge
(Official Title)

The State of Ohio, Union **County, ss.**

I, F.LeRoy Allen, *do hereby certify that 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. LeRoy Allen

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 30th *day of* April *19* 51.

John W. Dailey
Probate Judge
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth
of Ira Everette Cowgill

April 30th., 19 51

Case No. A-721

ORDER FOR HEARING

This day Ira Everette Cowgill *appeared in open court and filed an application for the* correction of birth *with.*

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* XXXX

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Ira Everette Cowgill

Probate Court, UNION **County, Ohio**

APRIL 30th., *19* 51

Case No. A-721

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Ira Everette Cowgill *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court of Union County, Ohio *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of two persohs having had knowledge of the facts ; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Jackson Township (City) (Village) (Township)
(c) Name of hospital or institution:
(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 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson Township (City) (Village) (Township)
(d) Street No.

3. Full name of child Cowgill (Surname) Ira (First) Everette (Middle)
4. Date of birth Jan. 5, 1882 (Month) (Day) (Year)
5. Sex Male
6. Twin or triplet no If so—born 1st, 2d, or 3d
7. Number months of pregnancy 9
8. Mother married? Yes

FATHER OF CHILD
9. Full name Cowgill (Surname) George Eve Watson (First) (Middle)
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farmer

MOTHER OF CHILD
15. Full maiden name Harraman (Surname) Inez (First) Lillian (Middle)
16. Color or race white 17. Age at time of this birth 26 yrs.
18. Birthplace Marion County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living? None
(b) How many other children were born alive but are now dead? None
(c) How many children were born dead? None
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name Dr. E.Y.King
Address Richwood, Ohio
M. D., midwife, or other

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:
Applicants name should read Ira Everette Cowgill

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(*) JOHN W. DAILEY *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of *for an order of The Court directing the registration of* *birth.* *, having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ; *that notice of the hearing on said application has been* *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County
(b) (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State
(b) County
(c) (City) (Village) (Township)
(d) Street No.

3. Full name of child (Surname) (First) (Middle)
4. Date of birth (Month) (Day) (Year)
5. Sex
6. Twin or triplet If so—born 1st, 2d, or 3d
7. Number months of pregnancy
8. Mother married?

FATHER OF CHILD
9. Full name (Surname) (First) (Middle)
10. Color or race 11. Age at time of this birth yrs.
12. Birthplace (City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD
15. Full maiden name (Surname) (First) (Middle)
16. Color or race 17. Age at time of this birth yrs.
18. Birthplace (City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name
Address
M. D., midwife, or other Date signed

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of Leo Clifford Grindell

Case No. A-730

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Richwood, Ohio, Union/County *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) (City) (Village) Claibourne Township (Township)

(c) Name of hospital or institution:
Claibourne Township, Union Co., 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 12 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) (City) (Village) Claibourne Township (Township)

(d) Street No. .....

3. Full name of child Grindell (Surname) Leo (First) Clifford (Middle)

4. Date of birth July 14, 1904 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: Single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Grindell (Surname) Charles (First) Sherman (Middle)

10. Color or race white — 11. Age at time of this birth 32 yrs.

12. Birthplace Claibourne Twp. (City, town, or county) Union Co., Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Fox (Surname) Flora (First) Myrtle May (Middle)

16. Color or race white — 17. Age at time of this birth 30 yrs.

18. Birthplace Prospect Twp., Marion Co., Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? one
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Thomas L. Wurtsbaugh
Address Richwood, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Vol. 3, Page 164 No. 114 *of the Court directing* the correction of his birth/record *as provided by law.*

in that applicant's name is Leo Clifford Grindell and not Leo C. Grindle, applicant's father's name is Charles Sherman Grindell and not Chas. S. Grindle, applicant's mother's name is Flor Myrtle May Fox and not Laura M. Fox

Applicant

verily believes.

Applicant

Sworn to before me and signed in my presence this 27th *day of* August 1951.

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... County, ss.

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

(Official Title)

The State of Ohio, Union County, ss.

I, Martha Sullivan, *do hereby certify that 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 Sullivan

P. O. Address Route #5, Marysville, Ohio

Sworn to before me and signed in my presence this 27th *day of* August *19*51.

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

The State of Ohio, Union County, ss.

I, Fred Bolenbaugh, *do hereby certify that 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 Bolenbaugh

P. O. Address 402 E. 4th St., Marysville, Ohio

Sworn to before me and signed in my presence this 27th *day of* August *19*51.

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

Probate Court, Union County, Ohio

August 27, 19 51

In the Matter of the Correction of the Birth Record
of Leo Clifford Grindell

Case No. .....

ORDER FOR HEARING

This day Leo Clifford Grindell *appeared in open court and filed an application for the* correction of his Birth Record

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with XXXX

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Leo Clifford Grindell

Probate Court, Union County, Ohio

August 27, 1951

Case No. A-730

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Leo Clifford Grindell *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court, Union County, Ohio The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of Martha Sullivan and Fred Bolenbaugh, two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County: Union

(b) (City) (Village) (Township): Claibourne Township

(c) Name of hospital or institution: Claibourne Township, Union Co., 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: 12 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State: Ohio

(b) County: Union

(c) (City) (Village) (Township): Claibourne Township

(d) Street No. .....

3. Full name of child: Grindell (Surname) Leo (First) Clifford (Middle)

4. Date of birth: July 14, 1904 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: Single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name: Grindell, Charles Sherman (Surname) (First) (Middle)

10. Color or race: white — 11. Age at time of this birth: 32 yrs.

12. Birthplace: Claibourne Twp. Union Co., Ohio (City, town, or county) (State or foreign country)

13. Usual occupation: Farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name: Fox, Flora Myrtle May (Surname) (First) (Middle)

16. Color or race: white — 17. Age at time of this birth: 30 yrs.

18. Birthplace: Prospect Twp., Marion Co., Ohio (City, town, or county) (State or foreign country)

19. Usual occupation: Housewife

20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? none
(b) How many other children were born alive but are now dead? one
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name: Dr. Thomas L. Wurtsbaugh
Address: Richwood, Ohio
M. D., midwife, or other: M.D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that his birth has not been properly and accurately recorded in Vol. 3, Page 164 No. 114 in that applicant's name is Leo Clifford Grindell and not Leo C. Grindle, applicant's father's name is Charles Sherman Grindell and not Chas. S. Grindle, applicant's mother's name is Flora Myrtle May Fox and not Laura M. Fox.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... County, Ohio

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.*

....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* .....;

that notice of the hearing on said application has been .....; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) (City) (Village) (Township) .....

(c) Name of hospital or institution: .....
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) (City) (Village) (Township) .....

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record
of Mary Erlynne Wilcox

Case No. A-732

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Minneapolis, Minnesota *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Marysville (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(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 Wilcox (Surname) Mary (First) Erlynne (Middle)

4. Date of birth Feb. 6th 1881 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Wilcox (Surname) William (First) Franklin (Middle)
10. Color or race White 11. Age at time of this birth 36 yrs.
12. Birthplace Madison (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Lumber Dealer
14. Industry or business Lumber Business

MOTHER OF CHILD

15. Full maiden name Kellogg (Surname) Viola (First) (Middle)
16. Color or race White 17. Age at time of this birth 38 yrs.
18. Birthplace Norwalk (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? None
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* Has not been accurately and properly recorded in Vol 2 page 33 of the Birth records of Union County, State of Ohio in that the name record
Mary Erlynne, as first and middle name, has been omitted
Your applicant hereby makes application for an order of the Court directing the correction of the ary Erlynne Bronniche *, as provided by law.*

Applicant

application are true, as she *verily believes.*

Mary Erlynne Bronniche *Applicant*

P. O. Address 1930 Aldrich Ave So. Minneapolis, Minn

Sworn to before me and signed in my presence this 24th *day of* July *19*51.

(Notary Seal)

Lawrence R. Allison
Lawrence R. Allison
Notary Public Hennepin County, Minn
(Official Title)
My commission expires Aug 30th 1957

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

(Notary Seal)

.....
(Official Title)

South Dakota
The State of ~~Ohio~~, ... **County, ss.**

I, Lotta E. Miller 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.*

Lotta E. Miller

P. O. Address 309 S. E. 5th St Watertown So. Dakota

Sworn to before me and signed in my presence this 1st *day of* August *19*51.

(Notary Seal)

Jess Hoern
Notary Public, South Dakota
My Commission expires July 25, 1953
(Official Title)

Minnesota
The State of ~~Ohio~~, Hennepin **County, ss.**

I, Grace Osborne 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.*

Grace Osborne

P. O. Address 1216 39th Ave N.E. Minneapolis Minn.

Sworn to before me and signed in my presence this ..... *day of* July 30 1951 *19*.....

(Notary Seal)

F. W. Eickhoff
F. W. Eickhoff
Notary Public, Anoka County, Minn
(Official Title)
My Commission Expires June 15, 1957

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record
of Mary Erlynne Wilcox

October 2, *19*51

Case No. A-732

ORDER FOR HEARING

This day Mary Erlynne Wilcox *appeared in open court and filed an application for the* correction of her Birth Record

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with / ~~It is further ordered by The Court that~~ ~~be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued~~

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Mary Erlynne Wilcox

Probate Court, Union **County, Ohio**

October 2, 1951

Case No. A-732

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Mary Erlynne Wilcox *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court, Union County, Ohio The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of Lotta E. Miller and Grace Osborne, credible witnesses, and documentary evidence ; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Marysville (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ... In this community ... (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 Wilcox (Surname) Mary (First) Erlynne (Middle)
4. Date of birth Feb. 6th, 1881 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet ... If so—born 1st, 2d. or 3d.
7. Number months of pregnancy 9
8. Mother married? Yes

FATHER OF CHILD
9. Full name Wilcox (Surname) William (First) Franklin (Middle)
10. Color or race White 11. Age at time of this birth 36 yrs.
12. Birthplace Madison (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Lumber Dealer
14. Industry or business Lumber Business

MOTHER OF CHILD
15. Full maiden name Kellogg (Surname) Viola (First) (Middle)
16. Color or race White 17. Age at time of this birth 38 yrs.
18. Birthplace Norwalk (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living? 2
(b) How many other children were born alive but are now dead? None
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name
Address
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that her birth has not been accurately and properly recorded in Vol 2 page 33 of the Birth records of Union County, State of Ohio in that the name Mary Erlynne, as first and middle name, has been omitted

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

Probate Court, **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of *for an order of The Court directing the registration of* *birth.* *, having personally examined the applicant in open court, finds that the facts stated in the application are supported by* *; that notice of the hearing on said application has been* *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County
(b) (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ... In this community ... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State
(b) County
(c) (City) (Village) (Township)
(d) Street No.

3. Full name of child (Surname) (First) (Middle)
4. Date of birth (Month) (Day) (Year)
5. Sex
6. Twin or triplet ... If so—born 1st, 2d, or 3d.
7. Number months of pregnancy
8. Mother married?

FATHER OF CHILD
9. Full name (Surname) (First) (Middle)
10. Color or race 11. Age at time of this birth yrs.
12. Birthplace (City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD
15. Full maiden name (Surname) (First) (Middle)
16. Color or race 17. Age at time of this birth yrs.
18. Birthplace (City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name
Address
M. D., midwife, or other ... Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, UNION **County, Ohio**

In the Matter of the Correction of Birth
of Leon Lutrell Cooper

Case No. A-735

APPLICATION

Your applicant respectfully represents that he *was born in* UNION *County, Ohio; that* he *now resides in* UNION COUNTY, OHIO *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County UNION
(b) (City) (Village) Leeburg Township (Township)
(c) Name of hospital or institution: Marysville, Ohio Rt.# 3
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State OHIO
(b) County Union
(c) (City) (Village) Leeburg Township (Township)
(d) Street No. Marysville, Ohio

3. Full name of child Cooper (Surname) Leon (First) Lutrell (Middle)

4. Date of birth March 6, 1934 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet .....

If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Cooper (Surname) Henry (First) ~~Lutrell~~ Simeon (Middle)
10. Color or race white 11. Age at time of this birth 35 yrs.
12. Birthplace Proctorville (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Moulder
14. Industry or business Foundry

MOTHER OF CHILD

15. Full maiden name Miller (Surname) Gladys (First) Ruth (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? .....
(b) How many other children were born alive but were then dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name F.M.Wurtsbaugh
Address Richwood, Ohio
.....
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been accurately recorded Applicant's name was entered as Leon Miller and should habe been entered Leon Lutrell Cooper
Your applicant hereby makes application for an order of the Court, directing the correction of his birth *, as provided by law.*

Leon Lutrell Cooper *Applicant*

The State of Ohio, UNION **County.**
The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Leon Lutrell Cooper *Applicant*

P. O. Address .....

Sworn to before me and signed in my presence this 20th *day of* February *19* 52

(*) Gwynn Sanders Notary Public
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(*) .....
(Official Title)

The State of Ohio, UNION **County, ss.**

I, Harry S. Cooper, *do hereby certify that 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 S. Cooper

P. O. Address .....

Sworn to before me and signed in my presence this 20th *day of* February *19* 52

JOHN W. DAILEY
(*) Judge
(Official Title)

The State of Ohio, UNION **County, ss.**

I, Gladys Ruth Cooper, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Gladys Ruth Cooper

P. O. Address .....

Sworn to before me and signed in my presence this 20th *day of* February *19* 52

John W. Dailey
Judge
(Official Title)

Probate Court, UNION **County, Ohio**

In the Matter of the Correction of Birth
of Leon Lutrell Cooper

February 20th., *19* 52

Case No. A-735

ORDER FOR HEARING

This day Leon Lutrell Cooper *appeared in open court and filed an application for the* Correction of his birth

It is ordered that hearing on said application be had forthwith and that notice of the hearing be dispensed with.

~~*It is further ordered by The Court that* ..... *be and hereby is appointed Special Master Commissioner to take testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*~~

NOTICE OF HEARING RECORDED Page .....

(*) JOHN W. DAILEY *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of LEON LUTRELL COOPER

Probate Court, UNION County, Ohio

February 20th., 1952

Case No. A-735

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Leon Lutrell Cooper, Department of Health, Division of Vital Statistics *for an order of The Court correcting* his *birth record, as it is registered in the office of* The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the evidence of the father and the mother are true ; *that notice of the hearing on said application has been* dispensed with. *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County UNION
(b) LEESBURG TOWNSHIP (City) (Village) (Township)
(c) Name of hospital or institution: Marysville, Ohio Rt. # 3 (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution None In this community 20yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State OHIO
(b) County UNION
(c) Leeburg Township (City) (Village) (Township)
(d) Street No. Marysville , OHIO Rt. # 3

3. Full name of child: Cooper (Surname) Leon (First) Lutrell (Middle)
4. Date of birth March 6th. 1934 (Month) (Day) (Year)
5. Sex: Male
6. Twin or triplet ... If so—born 1st, 2d, or 3d ...
7. Number months of pregnancy: 9
8. Mother married? Yes

FATHER OF CHILD
9. Full name: Cooper (Surname) Henry (First) Simeon (Middle)
10. Color or race: white
11. Age at time of this birth: 35 yrs.
12. Birthplace: Moulder (City, town, or county) ... (State or foreign country)
13. Usual occupation: Foundry
14. Industry or business ...

MOTHER OF CHILD
15. Full maiden name: Miller (Surname) Gladys (First) Ruth (Middle)
16. Color or race: white
17. Age at time of this birth: 20 yrs.
18. Birthplace: UNION COUNTY, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation: Housewife
20. Industry or business ...

21. Children born to this mother:
(a) How many other children of this mother are now living? ...
(b) How many other children were born alive but are now dead? ...
(c) How many children were born dead? ...

22. Attending Physician or Midwife:
Name F.M.Wurtsbaugh
Address Richwood, Ohio
M. D., midwife, or other ...

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:
Name is corrected from Leon Miller to Leon Lutrell Cooper and information concerning the father set forth therein.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

[*] JOHN W. DAILEY *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ...

Probate Court, ... County, Ohio

... 19 ...

Case No. ...

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ... for an order of The Court directing the registration of ... birth. ..., having personally examined the applicant in open court, finds that the facts stated in the application are supported by ... ; that notice of the hearing on said application has been ... ; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—

1. PLACE OF BIRTH:
(a) County ...
(b) ... (City) (Village) (Township)
(c) Name of hospital or institution: ... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ... In this community ... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State ...
(b) County ...
(c) ... (City) (Village) (Township)
(d) Street No. ...

3. Full name of child ... Surname First Middle
4. Date of birth ... (Month) (Day) (Year)
5. Sex ...
6. Twin or triplet ... If so—born 1st, 2d, or 3d ...
7. Number months of pregnancy ...
8. Mother married? ...

FATHER OF CHILD
9. Full name ... Surname First Middle
10. Color or race ...
11. Age at time of this birth ... yrs.
12. Birthplace ... (City, town, or county) ... (State or foreign country)
13. Usual occupation ...
14. Industry or business ...

MOTHER OF CHILD
15. Full maiden name ... Surname First Middle
16. Color or race ...
17. Age at time of this birth ... yrs.
18. Birthplace ... (City, town, or county) ... (State or foreign country)
19. Usual occupation ...
20. Industry or business ...

21. Children born to this mother:
(a) How many other children of this mother are now living? ...
(b) How many other children were born alive but are now dead? ...
(c) How many children were born dead? ...

22. Attending Physician or Midwife:
Name ...
Address ...
M. D., midwife, or other ... Date signed ...

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

... *Probate Judge.*

... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, ...**County, Ohio**

In the Matter of the.....
of .....

Case No......

APPLICATION

Your applicant respectfully represents that.....*was born in*.....*County, Ohio; that*.....*now resides in* .....*; and that the following are the available facts with relation to*.....*birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County.....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living?.....
(b) How many other children were born alive but were then dead?.....
(c) How many children were born dead?.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of.....*birth* .....

Your applicant hereby makes application for an order of the Court, directing....., *as provided by law.*

..... *Applicant*

The State of Ohio,.....**County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as.....*verily believes.*

..... *Applicant*

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

..... (Official Title)

AFFIDAVIT

In the Matter of.....
of .....

Probate Court,.....**County, Ohio**

The State of Ohio,.....**County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of*....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

..... (Official Title)

The State of Ohio,.....**County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

..... (Official Title)

The State of Ohio,.....**County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

..... (Official Title)

Probate Court, ...**County, Ohio**

In the Matter of the.....
of .....

..... *19*.....

Case No......

ORDER FOR HEARING

This day .....*appeared in open court and filed an application for the* .....

It is ordered that hearing on said application.....

It is further ordered by The Court that.....*be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page..... ..... *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

Union Co. Case No. A-736

In the Matter of the CORRECTION OF BIRTH RECORD

of Mervyn Dale Orahood

Probate Court, Union **County, Ohio**

February 27, 1952

Marion County *Case No.* 3022

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Mervyn Dale Orahood *for an order of The Court correcting* his *birth record, as it is registered in the office of* Union County Probate Court; *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* family Bible record and insurance policy No. 49929886, dated July 1, 1928, in Metropolitan Life Insurance Company; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County: Union
(b): Taylor Twp. (City) (Village) (Township)
(c) Name of hospital or institution: Home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution: In this community: All her life
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State: Ohio
(b) County: Union
(c): Taylor Twp. (City) (Village) (Township)
(d) Street No.:

3. Full name of child: Orahood, Mervyn Dale (Surname, First, Middle)
4. Date of birth: April 21, 1891 (Month) (Day) (Year)
5. Sex: M
6. Twin or triplet: -- If so—born 1st, 2d, or 3d:
7. Number months of pregnancy:
8. Mother married? Yes

FATHER OF CHILD
9. Full name: Orahood, G. W. (Surname, First, Middle)
10. Color or race: W 11. Age at time of this birth: yrs.
12. Birthplace: Union Co., (City, town, or county) Ohio (State or foreign country)
13. Usual occupation: Farmer
14. Industry or business: Farming

MOTHER OF CHILD
15. Full maiden name: Griffin, Annis (Surname, First, Middle)
16. Color or race: W 17. Age at time of this birth: 25 yrs.
18. Birthplace: Union Co., (City, town, or county) Ohio (State or foreign country)
19. Usual occupation: Housewife
20. Industry or business: --

21. Children born to this mother:
(a) How many other children of this mother are now living? 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: Mary Price,
Address: Union Co., O.
M. D., midwife, or other: Midwife

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: First name of applicant's mother should be correctly spelled; Applicant's first name corrected, middle name inserted; Residence of parents corrected.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

Edward J. Ruzzo *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

Probate Court, **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of *for an order of The Court directing the registration of* *birth.*

, having personally examined the applicant in open court, finds that the facts stated in the application are supported by *; that notice of the hearing on said application has been* *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County
(b) (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution: In this community:
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State
(b) County
(c) (City) (Village) (Township)
(d) Street No.

3. Full name of child (Surname, First, Middle)
4. Date of birth (Month) (Day) (Year)
5. Sex
6. Twin or triplet: If so—born 1st, 2d, or 3d:
7. Number months of pregnancy:
8. Mother married?

FATHER OF CHILD
9. Full name (Surname, First, Middle)
10. Color or race: 11. Age at time of this birth: yrs.
12. Birthplace: (City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD
15. Full maiden name (Surname, First, Middle)
16. Color or race: 17. Age at time of this birth: yrs.
18. Birthplace: (City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name
Address
M. D., midwife, or other: Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, UNION **County, Ohio**

In the Matter of the Correction of Birth
of Mearl Ivaloo Leeper

Case No. A-744

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Sprin St. Pataskala, Ohio *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

39

1. PLACE OF BIRTH:
(a) County UNION
(b) Taylor 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 15 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Taylor Township (City) (Village) (Township)
(d) Street No. R.F.D.Broadway, Ohio

3. Full name of child Leeper (Surname) Mearl (First) Ivaloo (Middle)

4. Date of birth May 1, 1896 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9 mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Leeper (Surname) Harry (First) Walter (Middle)
10. Color or race white 11. Age at time of this birth 18 yrs.
12. Birthplace Leesburg Township (City, town, or county) Union County (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Gardner (Surname) Rosetta (First) Blanche (Middle)
16. Color or race white 17. Age at time of this birth 18 yrs.
18. Birthplace Leesburg Township Union County (City, town, or county) (State or foreign country)
19. Usual occupation Trained Nurse
20. Industry or business Nursing

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 Jane Hildreth
Address Leesburg Township
Union County
M.D., midwife, or other Midwife

Your applimant further represents that the correction of her birth. that the birth has not been properly or accrutely recorded in Vol. 3 Page 123 in Records of Births.
That the applicant's named was mispelled and entered as Merle Leeper and was listed as a male and it should have been entered as Mearl Ivaloo Leeper and listed as a female.
Your applicant hereby makes application for an order of the Court, directing the correction of her birth as provided by law.

Mearl Ivaloo Leeper Lance

P. O. Address .....

Sworn to before me and signed in my presence this 3rd *day of* May *19* 52.

Martha Jane Guy
(*)
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....
.....
(Official Title)

The State of Ohio, UNION **County, ss.**

I, Harry W. Leeper 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 W. Leeper

P. O. Address Broadway, Ohio

Sworn to before me and signed in my presence this 3rd *day of* May *19* 52.

Martha Jane Guy
(*)
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Anna L. Gunderman 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.*

Anna L. Gunderman

P. O. Address 613 North Main St. Marysville, Ohio

Sworn to before me and signed in my presence this 3rd *day of* May *19* 52

Martha Jane Guy
(*)
Deputy Clerk
(Official Title)

Probate Court, UNION **County, Ohio**

In the Matter of the Correction of Birth
of Mearl Ivaloo Leeper

May 3rd., *19* 52

Case No. A-744

ORDER FOR HEARING

This day Mearl Ivaloo Leeper *appeared in open court and filed an application for the* correction of her birth

It is ordered that hearing on said application correction of birth

It is further ordered by the Court that XXXX

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Mearl Ivaloo Leeper

Probate Court, UNION **County, Ohio**

May 3rd., *19* 52

Case No. A-744

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Mearl Ivaloo Leeper *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court of Union County, Ohio *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* that the testimony of father and aunt two credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Taylor 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 15yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Taylor Township (City) (Village) (Township)
(d) Street No. R.F.D. Broadway, Ohio

3. Full name of child Leeper (Surname) Mearl (First) Ivaloo (Middle)

4. Date of birth May 1, 1896 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9 mos

8. Mother married? Yes

FATHER OF CHILD

9. Full name Leeper (Surname) Harry Walter (First) (Middle)
10. Color or race white 11. Age at time of this birth 18 yrs.
12. Birthplace Leesburg Township (City, town, or county) Union County (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Gardner (Surname) Rosetta Blanche (First) (Middle)
16. Color or race white 17. Age at time of this birth 18 yrs.
18. Birthplace Leesburg Township (City, town, or county) Union County (State or foreign country)
19. Usual occupation Trained Nurse
20. Industry or business Nursing

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 Jane Hildreth
Address Leesburg Township Union County
M. D., midwife, or other Midwife

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the appleants names was mispelled and entered as erele Leeper and was listed as a female and it should have been entered as Mearl Ivaloo Leeper and listed as a female in Vol. 3- Page 123 of Record of Births.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(*) JOHN W. DAILEY *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.*

....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* .....;

that notice of the hearing on said application has been .....; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, ...**County, Ohio**

In the Matter of the.....

of .....

Case No......

APPLICATION

Your applicant respectfully represents that.....*was born in*.....*County, Ohio; that*.....*now resides in* .....*; and that the following are the available facts with relation to*.....*birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County.....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living?.....
(b) How many other children were born alive but were then dead?.....
(c) How many children were born dead?.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of.....*birth* .....

Your applicant hereby makes application for an order of the Court, directing....., *as provided by law.*

..... *Applicant*

The State of Ohio,.....**County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as.....*verily believes.*

..... *Applicant*

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

..... (Official Title)

AFFIDAVIT

In the Matter of.....

of .....

Probate Court,.....**County, Ohio**

The State of Ohio,.....**County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of*....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

..... (Official Title)

The State of Ohio,.....**County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

..... (Official Title)

The State of Ohio,.....**County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

..... (Official Title)

Probate Court, ...**County, Ohio**

In the Matter of the.....

of .....

..... *19*.....

Case No......

ORDER FOR HEARING

This day .....*appeared in open court and filed an application for the* .....

It is ordered that hearing on said application.....

It is further ordered by The Court that.....*be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page..... ..... *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Ernest Verle Ruble

Probate Court, Warren County, Ohio

Case No. 1259 — May 23rd, 1952

Case No. A-745

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Ernest Verle Ruble *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court Union County OHIO Birth Record Vol. 3 Page 235-No. 304 *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* Affidavit of Floyd Earl Ruble, older brohter and Ona Greenham, aunt of the applicant, persons having personal knowledge of the birth of the said applicant. *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County: Union
(b): Marysville (City) (Village) (Township)
(c) Name of hospital or institution: At Home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State: OHIO
(b) County: Union
(c): Marysville (City) (Village) (Township)
(d) Street No. .....

3. Full name of child: Ruble (Surname) Ernest (First) Verle (Middle)
4. Date of birth: May 22, 1906 (Month) (Day) (Year)
5. Sex: Male
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy: 9
8. Mother married? Yes

FATHER OF CHILD
9. Full name: Ruble Everett (Surname) (First) (Middle)
10. Color or race: W
11. Age at time of this birth: 39 yrs.
12. Birthplace: ..... (City, town, or county) Indiana (State or foreign country)
13. Usual occupation: Railroader
14. Industry or business: .....

MOTHER OF CHILD
15. Full maiden name: Robinson (Surname) Emma (First) (Middle)
16. Color or race: W
17. Age at time of this birth: 36 yrs.
18. Birthplace: ..... (City, town, or county) Indiana (State or foreign country)
19. Usual occupation: Housewife
20. Industry or business: .....
22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other .....

21. Children born to this mother:
(a) How many other children of this mother are now living? 4
(b) How many other children were born alive but are now dead? 1
(c) How many children were born dead? 1
Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

Probate Judge.

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Warren County, Ohio
Probate Court, ... County, Ohio

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.*

..... *, having personally examined the applicant in open court, finds that the facts stated in the application are supported by* .....

..... ;

that notice of the hearing on said application has been ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution: .....
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)
4. Date of birth ..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy .....
8. Mother married? .....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race .....
11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race .....
17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business .....
22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....
Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Correction of the Birth Record *of* Gertrude Mather

Case No. A-749

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* the State of Virginia *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Richwood (City) (Village) (Township)
(c) Name of hospital or institution: Richwood, Ohio, Union County
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 29 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Mather (Surname) Gertrude (First) (Middle)
4. Date of birth March 15, 1901 (Month) (Day) (Year)
5. Sex: Female
6. Twin or triplet: Single — If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy: 9 mos.
8. Mother married? yes

FATHER OF CHILD
9. Full name Mather, Owen L. (Surname) (First) (Middle)
10. Color or race white — 11. Age at time of this birth 31 yrs.
12. Birthplace Jackson Twp., Union Co. Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Dentist
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Barnes, Alice (Surname) (First) (Middle)
16. Color or race white — 17. Age at time of this birth 29 yrs.
18. Birthplace Richwood, Ohio, Union County (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? .....
(b) How many other children were born alive but were then dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name Dr. L. L. Roebuck
Address Richwood, Ohio
M.D.
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Vol. 3, Page 142 in the Records of Birth of Union County, Ohio in that the name is recorded as Margaret Mather and should be corrected to read Gertrude Mather and that the father's name is recorded as O. L. Mather and should be corrected to read Owen L. Mather. *provided by law.*

Applicant

verily believes.

Applicant

P. O. Address 2322 Caroline Ave., Roanoke 14, /

Sworn to before me and signed in my presence this 23rd *day of* July *19*52.

(seal)

Mary Sanders
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of ..... *of* .....

Probate Court, ... **County, Ohio**

The State of Ohio, Union **County, ss.**

I, [illegible] *, do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Alice B. Mather, 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.*

Alice B. Mather

(seal)

P. O. Address 2322 Caroline Ave., Roanoke 14, Virginia

Sworn to before me and signed in my presence this 23rd *day of* July *19*52.

Mary Sanders
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Mayme Livingston *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mayme Deanna Stone

P. O. Address Ruggwiid, Ohio

Sworn to before me and signed in my presence this 23rd *day of* July *19*52.

(seal)

Mary Sanders
Deputy-Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of birth *of* Gertrude Mather

July 23rd, *19*52

Case No. A-749

ORDER FOR HEARING

This day Gertrude Mather *appeared in open court and filed an application for the* correction of her birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ..... (seal)

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—556-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Gertrude Mather

Probate Court, Union **County, Ohio**

July 23, 1952

Case No. A-749

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Gertrude Mather *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court of Union County, Ohio/The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of Alice B. Mather and Mayme Livingston, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County: Union
(b): Richwood (City) (Village) (Township)
(c) Name of hospital or institution: Richwood, Ohio, Union County
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community: 29 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State: Ohio
(b) County: Union
(c): Richwood (City) (Village) (Township)
(d) Street No.:

3. Full name of child: Mather (Surname) Gertrude (First) (Middle)
4. Date of birth: March 15, 1901 (Month) (Day) (Year)
5. Sex: Female
6. Twin or triplet: Single If so—born 1st, 2d, or 3d:
7. Number months of pregnancy: 9 mos.
8. Mother married?: yes

FATHER OF CHILD
9. Full name: Mather, Owen L. (Surname) (First) (Middle)
10. Color or race: white 11. Age at time of this birth: 31 yrs.
12. Birthplace: Jackson Twp., Union Co. Ohio (City, town, or county) (State or foreign country)
13. Usual occupation: Dentist
14. Industry or business:

MOTHER OF CHILD
15. Full maiden name: Barnes, Alice (Surname) (First) (Middle)
16. Color or race: white 17. Age at time of this birth: 29 yrs.
18. Birthplace: Richwood, Ohio, Union County (City, town, or county) (State or foreign country)
19. Usual occupation: Housewife
20. Industry or business:

21. Children born to this mother:
(a) How many other children of this mother are now living?:
(b) 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.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that her birth has not been properly and accurately recorded in Voo. 3, Page 142 in the Records of Birth of Union County, Ohio in that the name is recorded as Margaret Mather and should be corrected to read Gertrude Mather and that the father's name is recorded as O. L. Mather and should be corrected to read Owen L. Mather

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(seal)

John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of *for an order of The Court directing the registration of* *birth.*

, having personally examined the applicant in open court, finds that the facts stated in the application are supported by

; *that notice of the hearing on said application has been* *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County
(b) (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State
(b) County
(c) (City) (Village) (Township)
(d) Street No.

3. Full name of child (Surname) (First) (Middle)
4. Date of birth (Month) (Day) (Year)
5. Sex
6. Twin or triplet If so—born 1st, 2d, or 3d
7. Number months of pregnancy
8. Mother married?

FATHER OF CHILD
9. Full name (Surname) (First) (Middle)
10. Color or race 11. Age at time of this birth yrs.
12. Birthplace (City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD
15. Full maiden name (Surname) (First) (Middle)
16. Color or race 17. Age at time of this birth yrs.
18. Birthplace (City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name
Address
M. D., midwife, or other Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, ...**County, Ohio**

In the Matter of the.....
of .....

Case No......

APPLICATION

Your applicant respectfully represents that.....*was born in*.....*County, Ohio; that*.....*now resides in* .....*; and that the following are the available facts with relation to*.....*birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County.....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

21. Children born to this mother before this birth:

(a) How many other children of this mother were living?.....

(b) How many other children were born alive but were then dead?.....

(c) How many children were born dead?.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of.....*birth* .....

Your applicant hereby makes application for an order of the Court, directing....., *as provided by law.*

..... *Applicant*

The State of Ohio,.....**County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as.....*verily believes.*

..... *Applicant*

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

.....
(Official Title)

AFFIDAVIT

In the Matter of.....
of .....

Probate Court,.....**County, Ohio**

The State of Ohio,.....**County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of*....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

.....
(Official Title)

The State of Ohio,.....**County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

.....
(Official Title)

The State of Ohio,.....**County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

.....
(Official Title)

Probate Court, ...**County, Ohio**

In the Matter of the.....
of .....

..... *19*.....

Case No......

ORDER FOR HEARING

This day .....*appeared in open court and filed an application for the* .....

It is ordered that hearing on said application.....

It is further ordered by The Court that.....*be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page..... ..... *Probate Judge.*

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JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Edward William Lash

Probate Court, Marion **County, Ohio**

August 19, 1952
Union Co. No. A-287-A
Case No. 3093

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Edward William Lash *for an order of The Court correcting* his *birth record, as it is registered in the office of* Ohio Dept. of Health, Columbus, Ohio State File No. 47859, and Union County Probate Court, No. A-287; *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* family Bible record, affidavit of Fred Woods, neighbor and relative of applicant, and affidavit of Bert Lash, brother of applicant; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County: Union
(b): Taylor Twp. (City) (Village) (Township)
(c) Name of hospital or institution: Home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution: In this community: 34 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State: Ohio
(b) County: Union
(c): Taylor Twp. (City) (Village) (Township)
(d) Street No.:

3. Full name of child: Lash, (Surname) Edward William (First Middle)
4. Date of birth: Sept. 3, 1892 (Month) (Day) (Year)
5. Sex: M
6. Twin or triplet: -- If so—born 1st, 2d, or 3d:
7. Number months of pregnancy: 9
8. Mother married?: Yes

FATHER OF CHILD
9. Full name: Lash, (Surname) Charles Osmer (First Middle)
10. Color or race: W 11. Age at time of this birth: 39 yrs.
12. Birthplace: Union Co., (City, town, or county) Ohio (State or foreign country)
13. Usual occupation: Farmer
14. Industry or business: Farming

MOTHER OF CHILD
15. Full maiden name: Timmons, (Surname) Martha Missouri (First Middle)
16. Color or race: W 17. Age at time of this birth: 34 yrs.
18. Birthplace: Logan Co., (City, town, or county) Ohio (State or foreign country)
19. Usual occupation: Housewife
20. Industry or business: --

21. Children born to this mother:
(a) How many other children of this mother are now living?: 6
(b) How many other children were born alive but are now dead?: 0
(c) How many children were born dead?: 0
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name: Dr. Thompson
Address: Raymond, O.
M. D., midwife, or other: M.D.

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: applicant's birth date should be September 3, 1892 instead of September 30, 1892, his name should be Edward William Lash instead of William Edward Lash, and his mother's surname should be spelled Timmons instead of Tmmons.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

Edward J. Ruzzo *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

Probate Court, **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of
for an order of The Court directing the registration of *birth.*
, having personally examined the applicant in open court, finds that the facts stated in the application are supported by
;
that notice of the hearing on said application has been ; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—

1. PLACE OF BIRTH:
(a) County
(b) (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution: In this community:
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State
(b) County
(c) (City) (Village) (Township)
(d) Street No.

3. Full name of child: (Surname) (First) (Middle)
4. Date of birth: (Month) (Day) (Year)
5. Sex
6. Twin or triplet: If so—born 1st, 2d, or 3d:
7. Number months of pregnancy:
8. Mother married?:

FATHER OF CHILD
9. Full name: (Surname) (First) (Middle)
10. Color or race: 11. Age at time of this birth: yrs.
12. Birthplace: (City, town, or county) (State or foreign country)
13. Usual occupation:
14. Industry or business:

MOTHER OF CHILD
15. Full maiden name: (Surname) (First) (Middle)
16. Color or race: 17. Age at time of this birth: yrs.
18. Birthplace: (City, town, or county) (State or foreign country)
19. Usual occupation:
20. Industry or business:

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name
Address
M. D., midwife, or other: Date signed:

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, UNION County, Ohio

In the Matter of the Registration of Birth
of Hazel Dean Robinson

Case No. A-754

APPLICATION

Your applicant respectfully represents that she *was born in* UNION *County, Ohio; that* she *now resides in* Wayne, Ohio-Wood County, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Washington Township (City) (Village) (Township)
(c) Name of hospital or institution:
Washington Township, Union County, Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 37 years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Washington Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Robinson (Surname) Hazel (First) Dean (Middle)

4. Date of birth Oct. 18 1895 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Robinson (Surname) David (First) Reese (Middle)
10. Color or race white — 11. Age at time of this birth 39 yrs.
12. Birthplace Washington Tonship (City, town, or county) Union County, Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Clapsaddles (Surname) Julia (First) (Middle)
16. Color or race white — 17. Age at time of this birth 37 yrs.
18. Birthplace State of Maryland (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? .....
(b) How many other children were born alive but were then dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name Unknown
Address .....
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of 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 Dean Robinson Harper *Applicant*

The State of Ohio, UNION County.

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Hazel Dean Robinson Harper *Applicant*

P. O. Address Wayne , Ohio

Sworn to before me and signed in my presence this 23rd *day of* September *19* 52.

Mary Sanders

Deputy Clerk (Official Title)

(*)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... County, ss.

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, UNION County, ss.

I, William A. Robinson 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.*

Thomas L. Robinson

P. O. Address Wayne, Ohio

Sworn to before me and signed in my presence this 23rd *day of* September *19* 52

Mary Sanders

Deputy Clerk (Official Title)

(*)

The State of Ohio, UNION County, ss.

I, William A. Robinson 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.*

William A. Robinson

P. O. Address 285 Eastview California

Sworn to before me and signed in my presence this 23rd *day of* September *19* 52

Mary Sanders

Deputy-Clerk (Official Title)

(*)

Probate Court, UNION County, Ohio

In the Matter of the Registration of Birth
of Hazel Dean Robinson

September 23rd., *19* 52

Case No. A-754

ORDER FOR HEARING

This day Hazel Dean Robinson *appeared in open court and filed an application for the* registration of her birth *with*

It is ordered that hearing on said application be had forthwith and that notice of the said hearing be dispensed xexexex

248
~~5360~~

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...County, Ohio

.....*19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Hazel Dean Robinson

Probate Court, UNION County, Ohio

September 23rd., *19* 52

Case No. A-754

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Hazel Dean Robinson

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 L. Robinson and William A. Robinson, credible witnesses;

that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County UNION Ohio

(b) Washington Township, Union County/ (City) (Village) (Township)

(c) Name of hospital or institution:

Washington Township, Union County, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 37 years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County UNION

Washington Township (City) (Village) (Township)

(d) Street No.....

3. Full name of child Robinson (Surname) Hazel (First) Dean (Middle)

4. Date of birth Oct. 18 1895 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Robinson, David Reese (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 39 yrs.

12. Birthplace Washington Township, Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Farmer

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Clapsaddle, Julia (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 37 yrs.

18. Birthplace State of Maryland (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living? four

(b) How many other children were born alive but are now dead? one

(c) How many children were born dead? one

22. Attending Physician or Midwife:

Name Unknown

Address .....

.....

M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(*) JOHN W. DAILEY *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, UNION County, Ohio

In the Matter of the Registration of Birth

of Ruth Mary Mulligan

Case No. A-755

APPLICATION

Your applicant respectfully represents that she *was born in* Athens *County, Ohio; that* she *now resides in* R.F.D.Ridgeway,Ohio-Union County, *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Athens

(b) (City) (Village) Guysville (Township)

(c) Name of hospital or institution: Guysville,Athens County, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 2 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Athens

(c) Guysville (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Mulligan (Surname) Ruth (First) Mary (Middle)

4. Date of birth November 25 1930 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: single

If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos

8. Mother married? yes

FATHER OF CHILD

9. Full name Mulligan (Surname) Thomas (First) Arthur (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace St.Marys (City, town, or county) Kansas (State or foreign country)

13. Usual occupation Farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Hines (Surname) Ruby (First) Belle (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Meigs County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother 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. Paul McLaughlin

Address Guysville,Athens County, Ohio

M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded th

Your applicant hereby makes application for an order of the Court, directing the registration of her bir/ *as provided by law.*

RUTH MARY 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 she *verily believes.*

Ruth Mary Mulligan *Applicant*

P. O. Address R.F.D. Ridgeway,Ohio-Union County

Sworn to before me and signed in my presence this 30th *day of* September *19* 52.

Mary Sanders

Deputy Clerk (Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, UNION **County, ss.**

I, Ruby Mulligan 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.*

Ruby B.Mulligan

P. O. Address R.F.D.Ridgeway, Ohio

Sworn to before me and signed in my presence this 30th *day of* September *19* 52

Mary Sanders

(*) Deputy Clerk (Official Title)

The State of Ohio, UNION **County, ss.**

I, Thomas A. Mulligan 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.*

Thomas A. Mulligan

P. O. Address R.F.D.Ridgeway, Ohio

Sworn to before me and signed in my presence this 30th *day of* September *19* 52

Mary Sanders

(*) Deputy Clerk (Official Title)

Probate Court, UNION County, Ohio

In the Matter of the Registration of Birth

of Ruth Mary Mulligan

September 30th *19* 52

Case No. A-755

ORDER FOR HEARING

This day Ruth Mary Mulligan *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 the said hearing be dispensed/ with xxxx

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Registration of Birth

Probate Court, UNION County, Ohio

September 20th., *19* 52

Case No. A-755

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of .....
for an order of The Court correcting .....birth record, as it is registered in the office of .....
.....on consideration of the evidence submitted, finds that the facts stated in the application are supported by .....
.....;
that notice of the hearing on said application has been .....; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... (Surname) (First) (Middle)
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace .... (City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... (Surname) (First) (Middle)
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace .... (City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Ruth Mary Mulligan

Probate Court, UNION County, Ohio

September 30th *19* 52

Case No. A-755

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Ruby Mary Mulligan
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 Ruby Mulligan and Thomas A. Mulligan credible witnesses;
that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Athens
(b) Guysville, (City) Athens County, (Village) Ohio (Township)
(c) Name of hospital or institution:
Guysville, Athens County, Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 2 years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Guysville (City) (Village) (Township)
(d) Street No.

3. Full name of child Mulligan (Surname) Ruth (First) Mary (Middle)
4. Date of birth November 29, 1930 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet single If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9 mos.
8. Mother married? Yes

FATHER OF CHILD
9. Full name Mulligan (Surname) Thomas (First) Arthur (Middle)
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace St. Marys (City, town, or county) Kansas (State or foreign country)
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Himes, (Surname) Ruby (First) Belle (Middle)
16. Color or race white 17. Age at time of this birth 26 yrs.
18. Birthplace Meigs County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living? 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. Paul McLaughlin
Address Guysville, Athens County, Ohio
M. D., midwife, or other M.D. Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(*) "JOHN W. DAILEY" *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Bertha Eileen Smith

Case No. A-756

APPLICATION

Your applicant respectfully represents that she *was born in* Licking *County, Ohio; that* she *now resides in* Marysville, Ohio, R.#1/ Union County *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Licking
(b) Croton (City) (Village) (Township)
(c) Name of hospital or institution: Croton, Licking County, Ohio (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 3 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Licking
(c) Croton (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Smith (Surname) Bertha (First) Eileen (Middle)

4. Date of birth Oct. 28, 1923 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: Single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Smith, Leslie Bostwick (Surname) (First) (Middle)
10. Color or race white — 11. Age at time of this birth 39 yrs.
12. Birthplace Franklin County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Gottier, Elsie Emma (Surname) (First) (Middle)
16. Color or race white — 17. Age at time of this birth 27 yrs.
18. Birthplace Franklin County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? Four
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Thomas Morgan
Address Johnstown, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration of her birth */ , as provided by law.*

Bertha Eileen Smith Bellville *Applicant*

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 Eileen Smith Bellville *Applicant*
P. O. Address Route #1, Marysville, Ohio

Sworn to before me and signed in my presence this 6th *day of* October *19* 52.

(Seal)

Mary Sanders
Deputy-Clerk (Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

..... (Official Title)

The State of Ohio, Union **County, ss.**

I, Elsie Smith , 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.*

Elsie Smith
P. O. Address Route #1, Milford Center, Ohio

Sworn to before me and signed in my presence this 6th *day of* October *19* 52

(Seal)

Mary Sanders
Deputy-Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, Leslie B. Smith, 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.*

Leslie B. Smith
P. O. Address Route #1, Milford Center, Ohio

Sworn to before me and signed in my presence this 6th *day of* October *19* 52.

(Seal)

Mary Sanders
Deputy-Clerk (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Bertha Eileen Smith

October 6, *19* 52

Case No. A-756

ORDER FOR HEARING

This day Bertha Eileen 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 Special Master Commissioner to take testimony in said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.~~

NOTICE OF HEARING RECORDED Page .....

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Bertha Eileen Smith

Probate Court, Union **County, Ohio**

October 6, *19* 52

Case No. A-756

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Bertha Eileen Smith
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 tstimony of Elsie Smith and Leslie B. 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 Licking
(b) Croton (City) (Village) (Township)
(c) Name of hospital or institution:
Croton, Licking County, Ohio (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 3 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Licking
(c) Croton (City) (Village) (Township)
(d) Street No.....

3. Full name of child Smith (Surname) Bertha (First) Eileen (Middle)

4. Date of birth Oct. 28, 1923 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet Single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Smith, Leslie Bostwick (Surname First Middle)
10. Color or race white 11. Age at time of this birth 39 yrs.
12. Birthplace Franklin County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Gottier, Elsie Emma (Surname First Middle)
16. Color or race white 17. Age at time of this birth 27 yrs.
18. Birthplace Franklin County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living? 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. Thomas Morgan
Address Johnstown, Ohio
M. D., midwife, or other M.D. Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Oscar Clark

Case No. A-757

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Liberty Township, Peoria *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) (City) ..... (Village) Liberty (Township)
(c) Name of hospital or institution: R. Route, Raymond, 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 16 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) (City) Rural Route, (Village) Raymond, (Township) Ohio
(d) Street No. .....

3. Full name of child Clark (Surname) Oscar (First) ..... (Middle)

4. Date of birth June 16, 1885 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Clark (Surname) Seth (First) ..... (Middle)
10. Color or race white 11. Age at time of this birth 43 yrs.
12. Birthplace ..... (City, town, or county) Pennsylvania (State or foreign country)
13. Usual occupation farmer
14. Industry or business none

MOTHER OF CHILD

15. Full maiden name Clark (Surname) Charlotte E. (First) ..... (Middle)
16. Color or race white 17. Age at time of this birth 35 yrs.
18. Birthplace ..... (City, town, or county) Indiana (State or foreign country)
19. Usual occupation housewife
20. Industry or business none

21. Children born to this mother before this birth: six
(a) How many other children of this mother were living? six
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. C. A. Thompson
Address Raymond, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded *in the office of the Probate Court of said County.*
Your applicant hereby makes application for an order of the Court, directing the registration of his birth *, as provided by law.*

Oscar 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 he *verily believes.*

Oscar Clark *Applicant*
P. O. Address Peoria, Ohio

Sworn to before me and signed in my presence this 23rd *day of* October *19* 52.

(Notary Seal)

Todd Hoopes
Notary Public, State of Ohio
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**
I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....
.....
(Official Title)

The State of Ohio, Union **County, ss.**
I, Charles Bowersmith, Cousin of Oscar 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.*

Chas C. Bowersmith
P. O. Address R. #4, Marysville, Ohio

Sworn to before me and signed in my presence this 23rd *day of* October *19* 52.

(Notary Seal)

Todd Hoopes
Notary Public, State of Ohio
(Official Title)

The State of Ohio, Union **County, ss.**
I, Otto Clark brother of Oscar 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.*

Otto Clark
P. O. Address Peoria, Route 1, Ohio

Sworn to before me and signed in my presence this 23rd *day of* October *19* 52.

(Notary Seal)

Todd Hoopes
Notary Public, State of Ohio
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Oscar Clark

October 23, *19* 52

Case No. A-757

ORDER FOR HEARING

This day Oscar Clark *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by the Court that ..... *be and hereby is appointed Special Master Commissioner to take testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page ..... (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....
22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....
Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Oscar Clark

Probate Court, Union **County, Ohio**

October 23, *19* 52

Case No. A-757

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Oscar Clark
for an order of The Court directing the registration of 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 Bowersmith and Otto Clerk, credible witnesses;
that notice of the hearing on said application has been dispensed with*; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Liberty (City) (Village) (Township)
(c) Name of hospital or institution:
Rural Route, Raymond, 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 16 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Rural Route, Raymond, Ohio (City) (Village) (Township)
(d) Street No.

3. Full name of child Clark Oscar (Surname First Middle)
4. Date of birth June 16, 1887 (Month) (Day) (Year)
5. Sex male
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Clark Seth (Surname First Middle)
10. Color or race white 11. Age at time of this birth 43 yrs.
12. Birthplace Pennsylvania (City, town, or county) (State or foreign country)
13. Usual occupation farmer
14. Industry or business none

MOTHER OF CHILD
15. Full maiden name Clark Charlotte E. (Surname First Middle)
16. Color or race white 17. Age at time of this birth 35 yrs.
18. Birthplace Indiana (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business none
22. Attending Physician or Midwife:
Name Dr. C. A. Thompson
Address Raymond, Ohio
M. D., midwife, or other.....Date signed.....

21. Children born to this mother: six
(a) How many other children of this mother are now living? six
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none
Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, UNION County, Ohio

In the Matter of the Registration of Birth
of Eva May Gosnell

Case No. A-758

APPLICATION

Your applicant respectfully represents that she *was born in* UNION *County, Ohio; that* she *now resides in* Peoria, 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) Richwood, Claibourne (City) (Village) (Township)
(c) Name of hospital or institution: Rural Route Richwood (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) Richwood, Claibourne (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Gosnell (Surname) Eva (First) May (Middle)

4. Date of birth May 12, 1891 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 0

8. Mother married? Yes

FATHER OF CHILD

9. Full name Gosnell Thomas M. (Surname) (First) (Middle)
10. Color or race white 11. Age at time of this birth 44 yrs.
12. Birthplace Licking County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Ditch Diggers & Farmer
14. Industry or business None

MOTHER OF CHILD

15. Full maiden name Clark (Surname) Emma (First) (Middle)
16. Color or race white 17. Age at time of this birth 25 yrs.
18. Birthplace Union Co. (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business None

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? None 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. oatley
Address .....
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registraion of her birth *as provided by law.*

That your applicant also known as Effie at Gosnell, and under the such name was adopted by Jesse B. Dillon and May Y Dillon and given the name of Grace May Dillon. *Applicant*

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 May Clark *Applicant*

P. O. Address Peoria, Ohio

Sworn to before me and signed in my presence this 25th., *day of* October *19* 52.

Todd Hoopes

(*) Notary Public State of Ohio Comm..ex. 3/24/54
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....
(Official Title)

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

.....

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....
(Official Title)

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

.....

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....
(Official Title)

Probate Court, UNION **County, Ohio**

In the Matter of the Registration of Birth
of Eva May Gosnell

October 28th., 19 52

Case No. A-758

ORDER FOR HEARING

This day Eva May Gosenell *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 the said hearing be dispensed With. *It is further ordered by The Court that* xxxx

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....
21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

MOTHER OF CHILD
15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....
22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Eva May Gosnell

Probate Court, UNION **County, Ohio**

October 28th., *19* 52

Case No. A-758

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Eba May Gosnell
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 dispensed with ; and, (being convinced that the claim of the applicant is true,) that the following are the 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 (City) (Village) (Township)
(c) Name of hospital or institution:
Rural Route Richwood
(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 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State OHIO
(b) County Union
(c) Richwood, Claibourne (City) (Village) (Township)
(d) Street No.....

3. Full name of child Gosenell Surname Eva First May Middle
4. Date of birth Date May 12, 1891 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9
8. Mother married? Yes

FATHER OF CHILD
9. Full name Gosenell Surname Thomas First M. Middle
10. Color or race white 11. Age at time of this birth 44 yrs.
12. Birthplace Licking Co. (City, town, or county) OHIO (State or foreign country)
13. Usual occupation ditch digger & farmer
14. Industry or business & None
21. Children born to this mother:
(a) How many other children of this mother are now living? None 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 Clark Surname Emma First Middle
16. Color or race white 17. Age at time of this birth 25 yrs.
18. Birthplace Union Co. (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business None
22. Attending Physician or Midwife:
Name Dr. Oatley
Address .....
.....
M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(*) JOHN W. DAILEY *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, UNION **County, Ohio**

In the Matter of the Registration of Birth
of Emma Dell Clapsaddle

Case No. A-759

APPLICATION

Your applicant respectfully represents that she *was born in* Logan *County, Ohio; that* she *now resides in* R. #1-Richwood, Ohio, Union County *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Logan
(b) (City) Bokescreek Township (Village) (Township)
(c) Name of hospital or institution: Bokes Creek Township Logan County, Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ... In this community 2 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Logan
(c) (City) Bokescreek Township (Village) (Township)
(d) Street No.

3. Full name of child Clapsaddles (Surname) Emma (First) Dell (Middle)

4. Date of birth Nov. 26, 1915 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: Single — If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9 mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Clapsaddle, Harley Clifford (Surname) (First) (Middle)
10. Color or race White — 11. Age at time of this birth 27 yrs.
12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Moore, Gertie Mae (Surname) (First) (Middle)
16. Color or race white — 17. Age at time of this birth 24 yrs.
18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? two
(b) How many other children were born alive but were then dead? one
(c) How many children were born dead? one

22. Attending Physician or Midwife:
Name Dr. Sullivan
Address West Mansfield, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth *, as provided by law.*

Emma Dell Clapsaddle Wiley *Applicant*

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 Dell Clapsaddle Wiley *Applicant*

P. O. Address Route # 1, Richwood, Ohio

Sworn to before me and signed in my presence this 3rd *day of* November *19* 52

Mary Sanders
(*) Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of ...
of ...

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ..., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ...

Sworn to before me and signed in my presence this ... *day of* ... *19* ...

(*) ...
(Official Title)

The State of Ohio, Union **County, ss.**

I, Harley C. Clapsaddle 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.*

Harley C. Clapsaddle

P. O. Address Route # 2 West Mansfield, Ohio

Sworn to before me and signed in my presence this 3rd *day of* November *19* 52.

Mary Sanders
(*) Deputy Clerk
(Official Title)

The State of Ohio, UNION **County, ss.**

I, William A. Moore 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.*

William A. Moore

P. O. Address 223 Elwood Ave. Marysville, Ohio

Sworn to before me and signed in my presence this 3rd *day of* November *19* 52.

Mary Sanders
(*) Deputy-Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Emma Dell Clapsaddle

November 3rd., 1952

Case No. A-759

ORDER FOR HEARING

This day Emma Dell Clapsaddle *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

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....
22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Emma Dell Clapsaddle

Probate Court, UNION **County, Ohio**

November 3rd., *19* 52

Case No. A-759

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Emma Dell Clapsaddle
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 Harley C. Clapsaddle and William A. Moore, credible witnesses;
that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Logan
(b) Bokescreek Township (City) (Village) (Township)
(c) Name of hospital or institution:
Bokescreek Township, Logan County (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 2 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Logan
(c) Bokescreek Township (City) (Village) (Township)
(d) Street No.....

3. Full name of child Clapsaddle (Surname) Emma (First) Dell (Middle)

4. Date of birth Bov. 26th., 1915 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos

8. Mother married? yes

FATHER OF CHILD

9. Full name Clapsaddle Harley Clifford (Surname) (First) (Middle)
10. Color or race white 11. Age at time of this birth 27 yrs.
12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Moore (Surname) Gertie (First) Mae (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.....
22. Attending Physician or Midwife:
Name Dr. Sullivan
Address West Mansfield, Ohio
.....
M. D., midwife, or other M.D. Date signed.....

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

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(*) " JOHN W. DAILEY" *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record
of Edna Marie Herd

Case No. A-760

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Akron, 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) Raymond-Liberty (City) (Village) (Township)
(c) Name of hospital or institution: Residence (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery: In hospital or institution Raymond, Ohio In this community 21 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Raymond-Liberty (City) (Village) (Township)
(d) Street No.

3. Full name of child Herd (Surname) Edna (First) Marie (Middle)
4. Date of birth July 14, 1891 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet — If so—born 1st, 2d, or 3d
7. Number months of pregnancy 9 mos.
8. Mother married? Yes

FATHER OF CHILD
9. Full name Herd (Surname) John (First) Quincy (Middle)
10. Color or race White 11. Age at time of this birth 42 yrs.
12. Birthplace Raymond, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation School teacher & farmer
14. Industry or business Farmer

MOTHER OF CHILD
15. Full maiden name Barlow (Surname) Amelia (First) Dora (Middle)
16. Color or race White 17. Age at time of this birth 38 yrs.
18. Birthplace Raymond, 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? 7
(b) How many other children were born alive but were then dead? 2
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name (not known)
Address
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

The family name Herd was misspelled on the records H-E-A-R-D whereas it should be H-E-R-D. The middle name of the mother was misspelled B-O-R-L-O-W whereas it should be B-A-R-L-O-W and the middle initial of the person whose birth is registered is given as I on the records whereas it should be M.

her *birth* has not been been properly and accurately Ohio. certificate
this as provided by law.

Applicant

she *verily believes.*

Applicant

Sworn to before me and signed in my presence this 9th *day of* September 52.

Beula L. Kreakbaum
Notary Public.
(Official Title)

(Notary Seal)

Beula L. Kreakbaum
Notary Public, Union County, Ohio
My commission expires 2-4-55

AFFIDAVIT

In the Matter of
of

Probate Court, **County, Ohio**

The State of Ohio, **County, ss.**

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*

(Official Title)

(Notary Seal)

The State of Ohio, Union **County, ss.**

I, Pearl McIlroy borther-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.*

Pearl McIlroy

P. O. Address Rt. 5 Marysville, O.

Sworn to before me and signed in my presence this 12th *day of* September *19* 52.

Joseph B. Grigsby
Joseph B. Grigsby
Notary Public, State of Ohio
(Official Title)
My commission expires 10-19-54

(Notary Seal)

The State of Ohio, Union **County, ss.**

I, Belle Robertson sister-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.*

Belle M. Robertson

P. O. Address Rt 5 Marysville, O.

Sworn to before me and signed in my presence this 12th *day of* September *19* 52.

Joseph B. Grigsby
Joseph B. Grigsby
Notary Public, State of Ohio
(Official Title)
My commission expires 10-19-54

(Notary Seal).

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record
of Edna Marie Herd

November 8, *19* 52

Case No. A-760

ORDER FOR HEARING

This day Edna Marie Herd *appeared in open court and filed an application for the* correction of her Birth Record

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by the Court that be and hereby is appointed Special Master Commissioner to take testimony in said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.

NOTICE OF HEARING RECORDED Page

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Edna Marie Herd

Probate Court, Union **County, Ohio**

November 8, 19 52

Case No. A-760

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Edna Marie Herd *for an order of The Court correcting* her *birth record, as it is registered in the office of* Union County Probate Court at Marysville, Ohio *The Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of Pearl McIlroy and Belle M. Robertson, credible witnesses ; *that notice of the hearing on said application has been* dispensed with ; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County: Union
(b): Raymond-Liberty (City) (Village) (Township)
(c) Name of hospital or institution: Residence (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery: Raymond, Ohio
In hospital or institution: In this community: 21 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State: Ohio
(b) County: Union
(c): Raymond-Liberty (City) (Village) (Township)
(d) Street No.:

3. Full name of child: Herd (Surname) Edna (First) Marie (Middle)
4. Date of birth: July 14, 1891 (Month) (Day) (Year)
5. Sex: Female
6. Twin or triplet: If so—born 1st, 2d, or 3d:
7. Number months of pregnancy: 9 mos.
8. Mother married? Yes

FATHER OF CHILD
9. Full name: Herd (Surname) John Quincy (First) (Middle)
10. Color or race: White
11. Age at time of this birth: 42 yrs.
12. Birthplace: Raymond, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation: School teacher & farmer
14. Industry or business: Farmer

MOTHER OF CHILD
15. Full maiden name: Barlow (Surname) Amelia (First) Dora (Middle)
16. Color or race: white
17. Age at time of this birth: 38 yrs.
18. Birthplace: Raymond, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation: Housewife
20. Industry or business:

21. Children born to this mother:
(a) How many other children of this mother are now living? 7
(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: (not known)
Address:
M. D., midwife, or other:

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That the registration of her birth has not been properly and accurately recorded in Vol.2, page 85 of the birth records of Union County, Ohio, The family name Herd was misspelled on the records H-E-A-R-D whereas it should be H-E-R-D. The middle name of the mother was misspelled B-O-R-L-O-W whereas it should be B-A-R-L-O-W and the middle initial of the person whose birth is registered is given as I on the records whereas it should be M.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of *for an order of The Court directing the registration of* *birth.* , *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ; *that notice of the hearing on said application has been* ; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County
(b) (City) (Village) (Township)
(c) Name of hospital or institution: (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution: In this community: (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State
(b) County
(c) (City) (Village) (Township)
(d) Street No.

3. Full name of child: (Surname) (First) (Middle)
4. Date of birth: (Month) (Day) (Year)
5. Sex
6. Twin or triplet: If so—born 1st, 2d, or 3d:
7. Number months of pregnancy:
8. Mother married?

FATHER OF CHILD
9. Full name: (Surname) (First) (Middle)
10. Color or race:
11. Age at time of this birth: yrs.
12. Birthplace: (City, town, or county) (State or foreign country)
13. Usual occupation:
14. Industry or business:

MOTHER OF CHILD
15. Full maiden name: (Surname) (First) (Middle)
16. Color or race:
17. Age at time of this birth: yrs.
18. Birthplace: (City, town, or county) (State or foreign country)
19. Usual occupation:
20. Industry or business:

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name
Address
M. D., midwife, or other: Date signed:

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, UNION **County, Ohio**

In the Matter of the Correction of Birth
of Ora Frank Bolenbaugh

Case No. A-761

APPLICATION

Your applicant respectfully represents that he *was born in* Paulding *County, Ohio; that* he *now resides in* Marysville, 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 Paulding
(b) (City) (Village) Benton Twp. (Township)
(c) Name of hospital or institution: Rural Route Batson, Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 22 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Paulding
(c) (City) (Village) Batson, Benton Township (Township)
(d) Street No. Rural Route

3. Full name of child Bolenbaugh (Surname) Ora (First) Franklin (Middle)

4. Date of birth June 22, 1900 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: no — If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Bolenbaugh (Surname) John (First) (Middle)
10. Color or race white 11. Age at time of this birth 26 yrs.
12. Birthplace Mercer County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business None

MOTHER OF CHILD

15. Full maiden name Kershner (Surname) Cedora (First) (Middle)
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Paulding Co. (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business None

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? one
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Amanda Schultz
Address R.R. Batson, Ohio
M. D., midwife, or other Amanda Schultz

Your applicant further represents that the registration of his birth is not recordad properly and accurately in the Record of Births Vol.4 Page 17 Records of the Probate Court, Paulding County, Ohio. That the said record indicates the name of the applicant as Ora Franklin Bolenbugh the name of his fathe as John Boelnbaugh and his mother s name name as Dora Karshner, whereas in the fact said named are Ora Franklin Bolenbaugh, John Bolenbaugh and Dedora Kershner. Your applicant hereby makes application for an order of the Court directing the Correction of birth as provided by law.

Ora Franklin Bolenbaugh *Applicant*
P. O. Address West Third Street-Marysville, Ohio

Sworn to before me and signed in my presence this 29th. *day of* October *19* 52.
Todd Hoopes
Notary Public State of Ohio (*)
(Official Title)

AFFIDAVIT

In the Matter of ..... **Probate Court,** ..... **County, Ohio**
of .....

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....
(Official Title)

The State of Ohio, UNION **County, ss.**

I, John Bolenbaugh father 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 His (X) Mark Bolenbaugh)
P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 29th. *day of* October *19* 52.
Todd Hoopes
Notary Public State of Ohio
(Official Title)

The State of Ohio, UNION **County, ss.**

I, Cedora Bolenbaugh 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.*

Cedora Bolenbaugh
P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 29th. *day of* October *19* 52
Todd Hoopes
Notary Public, State of Ohio
(Official Title)

Probate Court, UNION **County, Ohio**

In the Matter of the Correction of Birth
of Ora Franklin Bolenbaugh

Marysville, Ohio November 12th *19* 52

Case No. A-761

ORDER FOR HEARING

This day Ora Franklin Bolenbaugh *appeared in open court and filed an application for the* correction of his birth

It is ordered that hearing on said application be had forthwtih and that notice of the said hearing be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

JOHN W. DAILEY *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Ora Franklin Bolenbaugh

Probate Court, UNION **County, Ohio**

November 12th., *19* 52

Case No. A-761

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Ora Franklin Bolenbaugh *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court of Paulding County, Ohio, Records of Births, Vol. 4 Page 17 *The Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of John Bolenbaugh and Cedora Bolenbaugh, persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Paulding
(b) Benton Twp. (City) (Village) (Township)
(c) Name of hospital or institution: Rural Route, Batson, Ohio (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ... In this community 22 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State OHIO
(b) County Paulding
(c) Batson, Benton Township (City) (Village) (Township)
(d) Street No. Rural Rpute

3. Full name of child Bolenbaugh (Surname) Ora (First) Franklin (Middle)
4. Date of birth June 22, 1900 (Month) (Day) (Year)
5. Sex Male
6. Twin or triplet No If so—born 1st, 2d, or 3d
7. Number months of pregnancy 9
8. Mother married? Yes

FATHER OF CHILD
9. Full name Bolenbaugh (Surname) John (First) (Middle)
10. Color or race white 11. Age at time of this birth 26 yrs.
12. Birthplace Mercer County, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business None

MOTHER OF CHILD
15. Full maiden name Kershner (Surname) Cedora (First) (Middle)
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Paulding County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business None

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name Amanda Schultz
Address R.R. Batson, Ohio
M. D., midwife, or other Amanda Schultz

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:
Name in full : Ora Franklin Bolenbaugh
Name of father: John Bolenbaugh
Mother's maiden name: Cedora Kershner

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(*) JOHN W. DAILEY *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

..... *19* .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.*

....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ... In this community ... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)
4. Date of birth ..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy .....
8. Mother married? .....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record
of Charles Leroy Steiner

Case No. A-762

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) R.D.#3, Marysville, Ohio (City) (Village) (Township)
(c) Name of hospital or institution: R.D.#3, Marysville, Ohio (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) ..... (City) (Village) (Township)
(d) Street No. R.D.#3, Marysville, Ohio

3. Full name of child Steiner (Surname) Charles (First) Leroy, Jr. (Middle)

4. Date of birth July 24, 1910 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? yes

FATHER OF CHILD

9. Full name Steiner, Charles Leroy (Surname) (First) (Middle)
10. Color or race white 11. Age at time of this birth 36 yrs.
12. Birthplace Union (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Laird (Surname) Bessie Rebecca (First) (Middle)
16. Color or race white 17. Age at time of this birth 34 yrs.
18. Birthplace Union, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 1
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Chas. D. Mills, Physician
Address Marysville, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

has not been properly and accurately recorded in Vol. ____ Page ____ of the birth records of Columbus, Ohio.
That an error was made in the spelling of the surname of this applicant. Said Name was spelled "Steiner" on the original registration whereas the same should have been spelled "Stiner"--The spelling of the father's name on said birth record is also mis-spelled in the same way....

ecord
provided by law.
Applicant
r, Jr.
verily believes.
Applicant

Sworn to before me and signed in my presence this 27 *day of* 19 52

William L. Coleman
(Notary Seal) William L. Coleman, Notary Public, State of Ohio, Com. Exp. 8-17-54
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, Charles L. Stiner 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 L. Stiner

P. O. Address N. Main St., Marysville, Ohio

Sworn to before me and signed in my presence this 27 *day of* December *19* 52

William L. Coleman
(Notary Seal) William L. Coleman, Notary Public, State of Ohio, Com. Exp. 8-17-54
(Official Title)

The State of Ohio, Union **County, ss.**

I, George Lowry, *do hereby certify that 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. Lowry

P. O. Address Rt. 3, Marysville, Ohio

Sworn to before me and signed in my presence this 27 *day of* December *19* 52

William L. Coleman
(Notary Seal) William L. Coleman, Notary Public, State of Ohio, Com. Exp. 8-17-54
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record
of Charles Leroy Steiner, Jr.

January 17th *19* 53

Case No. A-762

ORDER FOR HEARING

This day Charles Leroy Stiner, Jr. *appeared in open court and filed an application for the* correction of birth record

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

~~XXXX

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Charles Leroy Steiner, Jr.

Probate Court, Union County, Ohio

January 17th 19 53

Case No. A-762

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Charles Leroy Stiner, Jr.

for an order of The Court correcting his *birth record, as it is registered in the office of* Department of Health, Bureau of Vital Statistics, Columbus, Ohio. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* The affidavits of Charles L. Stiner, father, and George Lowry, persons having knowlege of the facts

that notice of the hearing on said application has been dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) R.D. #3, Marysville, Ohio (City) (Village) (Township)
(c) Name of hospital or institution: R.D. #3, Marysville, Ohio (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) R.D. #3, Marysville, Ohio (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Stiner, Charles Leroy (Surname, First, Middle)
4. Date of birth July 24, 1910 (Month) (Day) (Year)
5. Sex Male
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married? yes

FATHER OF CHILD
9. Full name Stiner Charles Leroy (Surname, First, Middle)
10. Color or race white 11. Age at time of this birth 36 yrs.
12. Birthplace Union (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Laird Bessie Rebecca (Surname, First, Middle)
16. Color or race white 17. Age at time of this birth 34 yrs.
18. Birthplace Union (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? 1
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Chas. D. Mills, Physician
Address Marysville, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: The spelling of the surname of this applicant should be changed to Stiner and also the spelling of the surname of the father of this applicant should be changed to Stiner.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

Probate Court, ... County, Ohio

In the Matter of the REGISTRATION OF BIRTH

of .....

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of .....

for an order of The Court directing the registration of ..... *birth.*

....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ;

that notice of the hearing on said application has been ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child ..... (Surname, First, Middle)
4. Date of birth ..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married? .....

FATHER OF CHILD
9. Full name ..... (Surname, First, Middle)
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name ..... (Surname, First, Middle)
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Scott LeRoy Worthington

Case No. A-457

APPLICATION

Your applicant respectfully represents that he *was born in* VanWert *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 VanWert
(b) Scott
(City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 1 yr.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County VanWert
(c) Scott
(City) (Village) (Township)
(d) Street No. .....

3. Full name of child Worthington (Surname) Scott (First) LeRoy (Middle)

4. Date of birth Sept. 15, 1893 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d --

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Worthington (Surname) Richard (First) Lloyd (Middle)
10. Color or race white 11. Age at time of this birth 27 yrs.
12. Birthplace Franklin County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Cahill (Surname) Dora (First) (Middle)
16. Color or race white 17. Age at time of this birth 23 yrs.
18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 0
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Scott
Address Scott, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration of his birth, *as provided by law.*
Scott Leroy Worthington *Applicant*

The State of Ohio, Union **County.**
The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*
Scott Leroy Worthington *Applicant*
P. O. Address Marysville, Ohio
Sworn to before me and signed in my presence this 27 *day of* January *19* 53
(Seal)
John W. Dailey
Notary Public, Union County, Ohio
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**
I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*
..... *Attending Physician*
P. O. Address .....
Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....
.....
(Official Title)

The State of Ohio, Union **County, ss.**
I, Bertha Fawley, *do hereby certify that 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 Fawley
P. O. Address .....
Sworn to before me and signed in my presence this 27 *day of* January *19* 53
(Seal)
John W. Dailey
Probate Judge
(Official Title)

The State of Ohio, Union **County, ss.**
I, Mae Brown, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*
Mae Brown
P. O. Address .....
Sworn to before me and signed in my presence this 27 *day of* January *19* 53
(Seal)
John W. Dailey
Probate Judge
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Scott LeRoy Worthington

January 27, 19 53
Case No. A-457
ORDER FOR HEARING

This day Scott LeRoy Worthington *appeared in open court and filed an application for the* registration of his birth
It is ordered that hearing on said application be had forthwith and that notice of hearing be dispensed with
It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application if the services of a Special Master Commissioner are necessary, and this cause is continued.*

~~NOTICE OF HEARING RECORDED IN PAGE~~ (Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Scott LeRoy Worthington

Probate Court, Union **County, Ohio**

January 27, *19* 53

Case No. A-457

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Scott LeRoy Worthington

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Bertha Fawley and Mae Brown, credible witnesses;

that notice of the hearing on said application has been dispensed with*; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Van Wert

(b) Scott (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 1 yr (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Van Wert

(c) Scott (City) (Village) (Township)

(d) Street No.....

3. Full name of child Worthington (Surname) Scott (First) LeRoy (Middle)

4. Date of birth Sept. 15, 1893 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d --

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Worthington Richard Lloyd (Surname First Middle)

10. Color or race white 11. Age at time of this birth 27 yrs.

12. Birthplace Franklin County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Cahill Dora (Surname First Middle)

16. Color or race white 17. Age at time of this birth 23 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. Scott

Address Scott, Ohio

.....

M. D., midwife, or other.....Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Florence Elizabeth Woods

Case No. A-763

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Columbus, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) (City) Union Twp., (Village) Union County, (Township) Ohio
(c) Name of hospital or institution: ---
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution -- In this community 17 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) (City) Union Twp. (Village) (Township)
(d) Street No. --

3. Full name of child: Woods (Surname) Florence (First) Elizabeth (Middle)

4. Date of birth: Sept. 17, 1903 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: -- If so—born 1st, 2d, or 3d: --

7. Number months of pregnancy: 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name: Woods (Surname) Leon (First) S. (Middle)
10. Color or race: white 11. Age at time of this birth: 51 yrs.
12. Birthplace: Union County, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation: Farmer
14. Industry or business:

MOTHER OF CHILD

15. Full maiden name: Engle, (Surname) Maggie (First) (Middle)
16. Color or race: white 17. Age at time of this birth: 41 yrs.
18. Birthplace: Columbus, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation: Housewife
20. Industry or business: --

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 7
(b) How many other children were born alive but were then dead? 2
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name: Aaron Boylan
Address: Milford Center, Ohio
M. D., midwife, or other: M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* was never recorded *birth*
Your applicant hereby makes application for an order of the Court, directing the registration of her/ *, as provided by law.*

Florence Elizabeth Woods *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Florence Elizabeth Woods *Applicant*

P. O. Address 1778 E. Main St., Columbus 9, Ohio

Sworn to before me and signed in my presence this 7th *day of* February *19* 53

(Notary Seal)

William L. Coleman
William L. Coleman, Notary Public
State of Ohio, Com. Exp. 8-17-54
(Official Title)

AFFIDAVIT

In the Matter of
of

Probate Court, **County, Ohio**

The State of Ohio, **County, ss.**

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*

(Official Title)

The State of Ohio, Union **County, ss.**

I, Eugene William Woods , 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.*

Eugene William Woods

P. O. Address 331 S. Walnut St. Marysville, Ohio

Sworn to before me and signed in my presence this 7th *day of* February *19* 53.

(Notary Seal)

William L. Coleman
William L. Coleman, Notary Public, State of Ohio, Com. Exp. 8-17-54.
(Official Title)

The State of Ohio, Union **County, ss.**

I, Dana W. Morey , Cousin (First) *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Dana W. Morey

P. O. Address 246 W. 6th St., Marysville, Ohio

Sworn to before me and signed in my presence this 7th *day of* February *19* 53.

(Notary Seal)

William L. Coleman
William L. Coleman, Notary Public, State of Ohio, Com. Exp. 8-17-54
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Florence Elizabeth Woods

February 7th *19* 53

Case No. A-763

ORDER FOR HEARING

This day Florence Elizabeth Woods *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. XXXX

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

19.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Florence Elizabeth Woods

Probate Court, Union **County, Ohio**

February 7th, *19* 53

Case No. A-763

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Florence Elizabeth Woods
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 Eugene William Woods and Dana W. Morey, 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 Twp., Union County, Ohio (City) (Village) (Township)
(c) Name of hospital or institution:
--
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution -- In this community 17 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Union Twp. (City) (Village) (Township)
(d) Street No. --

3. Full name of child Woods (Surname) Florence (First) Elizabeth (Middle)

4. Date of birth Sept. 17, 1903 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet --- If so—born 1st, 2d, or 3d ---

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Woods (Surname) Leon (First) S. (Middle)
10. Color or race White 11. Age at time of this birth 51 yrs.
12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business ---

MOTHER OF CHILD

15. Full maiden name Engle, Maggie (Surname) (First) (Middle)
16. Color or race White 17. Age at time of this birth 41 yrs.
18. Birthplace Columbus, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business ---

21. Children born to this mother:
(a) How many other children of this mother are now living? 7
(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 Aaron Boylan
Address Milford Center, Ohio
M. D., midwife, or other M.D. Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the ~~XXX~~ Ilvadel McCurdy
of Registration of Birth

Case No. A-764

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Columbus, Ohio (Franklin Co.).; *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Jackson Township
(City) (Village) (Township)
(c) Name of hospital or institution:
R.F.D. Richwood, O
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution Home In this community
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson Township
(City) (Village) (Township)
(d) Street No.

3. Full name of child McCurdy (Surname) Ilvadel (First) (None) (Middle)

4. Date of birth 8-16-1894 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet

If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name McCurdy (Surname) William (First) (Middle)
10. Color or race White 11. Age at time of this birth 22 yrs.
12. Birthplace Hopkins, Missouri (City, town, or county) (State or foreign country)
13. Usual occupation Horseman
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Harriman Alma Florence (Surname) (First) (Middle)
16. Color or race White 17. Age at time of this birth 19 yrs.
18. Birthplace Union Co. Jackson Township (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 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. W. B. Duke (Now Deceased)
Address Richwood, Ohio.
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* was not recorded

Your applicant hereby makes application for an order of the Court, directing her application, *as provided by law.*

Ilvadel Lates *Applicant*

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.*

Ilvadel Lates *Applicant*

P. O. Address 152 W. 3rd Ave. Columbus, O.

Sworn to before me and signed in my presence this 26 *day of* January *19* 53

(Notary Seal)

Gladys L. Cheney, Notary Public
My Commission expires April 27, 1955

Gladys L. Cheney
Notary Public, Union Co.
(Official Title)

AFFIDAVIT

In the Matter of
of

Probate Court, **County, Ohio**

The State of Ohio, **County, ss.**

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*

(Official Title)

The State of Ohio, Union **County, ss.**

I, Fred C. Sidle no relationship *, do hereby certify that 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 C. Sidle

P. O. Address Richwood, Ohio R.F.D. 1

Sworn to before me and signed in my presence this 26 *day of* Jan. *19* 53.

(Notary Seal)

Gladys L. Cheney, Notary Public
My Commission Expires April 27, 1955

Gladys L. Cheney
(Official Title)

The State of Ohio, Union **County, ss.**

I, R. R. Robertson no reltationship *, do hereby certify that 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 26 *day of* Jan. *19* 53

(Notary Seal)

Sturgis H. Cheney, Notary Public
My Commission Expires Aug. 31, 1954

Sturgis H. Cheney
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Ilvadel McCurdy

February 28, *19* 53

Case No. A-764

ORDER FOR HEARING

This day Ilvadel McCurdy *appeared in open court and filed an application for the* registration of birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with ~~It is further ordered by the Court that~~ ~~be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this causes continued.~~

~~NOTICE OF HEARING RECORDED Page~~

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....
22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....
Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Ilvadel McCurdy

Probate Court, Union **County, Ohio**

February 28, *19* 53

Case No. A-764

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Ilvadel McCurdy
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 Fred C. Sidle and R. R. Robertson, credible witnesses;
that notice of the hearing on said application has been dispensed with*; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Jackson Township (City) (Village) (Township)
(c) Name of hospital or institution:
R.F.D. Richwood, O
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution Home In this community
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson Township (City) (Village) (Township)
(d) Street No.

3. Full name of child McCurdy (Surname) Ilvadel (First) None (Middle)
4. Date of birth 8-16-1894 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9
8. Mother married? Yes

FATHER OF CHILD
9. Full name McCurdy (Surname) William (First) (Middle)
10. Color or race White 11. Age at time of this birth 22 yrs.
12. Birthplace Hopkins, Missouri (City, town, or county) (State or foreign country)
13. Usual occupation Horseman
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Harriman Alma Florence (Surname) (First) (Middle)
16. Color or race White 17. Age at time of this birth 19 yrs.
18. Birthplace Union Co. Jackson Township (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business
22. Attending Physician or Midwife:
Name Dr. W. B. Duke (Now Deceased)
Address Richwood, Ohio.
M. D., midwife, or other..... Date signed.....

21. Children born to this mother:
(a) How many other children of this mother are now living? Two
(b) How many other children were born alive but are now dead? None
(c) How many children were born dead? None
Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Harry Calvin Hanby

Case No. A-765

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Raymond *; and that the 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 R #6, Ohio
(City) (Village) (Township)

(c) Name of hospital or institution:
R #6, Richwood, Ohio
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution none In this community 2 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood, O. Claibourne
(City) (Village) (Township)

(d) Street No. R F D #6

3. Full name of child Hanby (Surname) Harry (First) Calvin (Middle)

4. Date of birth Aug. 28, 1912 (Month) (Day) (Year)

5. Sex: male

6. Twin or triplet: No — If so—born 1st, 2d, or 3d: -

7. Number months of pregnancy: 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Hanby (Surname) James (First) Alvin (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business -

MOTHER OF CHILD

15. Full maiden name Hager (Surname) Florence (First) Dessie (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business -

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. B. P. Hall
Address Richwood, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth, *as provided by law.*

Harry Calvin 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 he *verily believes.*

Harry Calvin Hanby *Applicant*

P. O. Address Raymond, Ohio

Sworn to before me and signed in my presence this 11th *day of* March *19* 53

Todd Hoopes

(Notary Seal) Notary Public, State of Ohio
(Official Title)

AFFIDAVIT

In the Matter of
of

Probate Court, **County, Ohio**

The State of Ohio, **County, ss.**

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*

(Official Title)

The State of Ohio, Union **County, ss.**

I, Florence Dessie Cahill mother of applicatn *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Dessie Florence Cahill

P. O. Address 419 E. 4th St., Marysville, O.

Sworn to before me and signed in my presence this 11th *day of* March *19* 53.

(Seal) John W. Dailey

Probate Judge
(Official Title)

The State of Ohio, Union **County, ss.**

I, Harry Cahill stepfather 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 A. Cahill

P. O. Address 419 East 4th St., Marysville, O.

Sworn to before me and signed in my presence this 11th *day of* March *19* 53

(Seal) John W. Dailey

Probate Judge
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Harry Calvin Hanby

March 11, *19* 53

Case No. A-765

ORDER FOR HEARING

This day Harry Calvin Hanby *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with ~~It is further ordered by the Court that~~ ~~the testimony in said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.~~ ~~be and hereby is appointed Special Master Commis-~~

~~sioner to take testimony in said application, and that the facts stated therein are true, as I verily believe.~~

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Harry Calvin Hanby

Probate Court, Union **County, Ohio**

March 11, *19* 53

Case No. A-765

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Harry Calvin Hanby

for an order of The Court directing the registration of 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 Dessie Cahill and Harry 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) Richwood, R #6, Ohio (City) (Village) (Township)

(c) Name of hospital or institution:

R #6, Richwood, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution none In this community 2 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood, O (City) Claibourne (Village) (Township)

(d) Street No. R F D #6

3. Full name of child Hanby (Surname) Harry (First) Calvin (Middle)

4. Date of birth Aug. 28, 1912 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet No If so—born 1st, 2d, or 3d -

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Hanby (Surname) James (First) Alvin (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business -

MOTHER OF CHILD

15. Full maiden name Hager (Surname) Florence (First) Dessie (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business -

22. Attending Physician or Midwife:

Name Dr. B. P. Hall

Address Richwood, Ohio

M. D., midwife, or other Dr. B. P. Hall Date signed

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, UNION **County, Ohio**

In the Matter of the Registration of Birth
of Alice Katherine Armstrong

Case No. A-766

APPLICATION

Your applicant respectfully represents that she *was born in* UNION *County, Ohio; that* she *now resides in* Huntington Cabell County/ West Virginia; *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County UNION
(b) Marysville (City) (Village) (Township)
(c) Name of hospital or institution: Born in home on West 6th., Street (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 5 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville (City) (Village) (Township)
(d) Street No. West 6th., Street

3. Full name of child Armstrong (Surname) Alice (First) Katherine (Middle)

4. Date of birth June 20, 1907 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Armstrong (Surname) Charles (First) Carroll (Middle)
10. Color or race white 11. Age at time of this birth 33 yrs.
12. Birthplace Troy Ohio R.F.D. (City, town, or county) Miami County (State or foreign country)
13. Usual occupation Manufacturer
14. Industry or business Hardware Products

MOTHER OF CHILD

15. Full maiden name Cady (Surname) Mary (First) (Middle)
16. Color or race white 17. Age at time of this birth 31 yrs.
18. Birthplace Troy (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. Swisher
Address Marysville, Ohio West 6th.Street
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of birth, *as provided by law.*

Katherine Armstrong Mossman *Applicant*

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 Armstrong Mossman *Applicant*

P. O. Address 1461 Washington Blvd-Huntington W. Va.

Sworn to before me and signed in my presence this 9th., *day of* March *19* 53.

Robert F. Topping

(*) Notary Public Comm.ex.Nov. 18th., 1960 (Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(*) ..... (Official Title)

The State of Ohio, UNION **County, ss.**

I, Marie A. Engard, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Marie A. Engard

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 23rd., *day of* March *19* 53

JOHN W. DAILEY

(*) Probate Judge (Official Title)

The State of Ohio, UNION **County, ss.**

I, Dwight G. Scott, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Dwight G. Scott

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 23rd., *day of* March *19* 53.

JOHN W. DAILEY

(*) PROBATE JUDGE (Official Title)

Probate Court, UNION **County, Ohio**

In the Matter of the Registration of Birth
of Alice Katherine Armstrong

March 23rd., 19 53

Case No. A-766

ORDER FOR HEARING

This day Alice Katherine Armstrong *appeared in open court and filed an application for the* registratrion 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 Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.~~

NOTICE OF HEARING RECORDED Page .....

(*) JOHN W. DAILEY *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Alice Katherine Armstrong

Probate Court, UNION **County, Ohio**

March 23rd., *19* 53

Case No. A-766

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Alice Katherine Armstrong

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 Marie A. Engard and Dwight G. Scott two credible witnesses;

that notice of the hearing on said application has been dispensed with*; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County UNION

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution:

Born in home on West 6th., Street (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 5 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville, (City) (Village) (Township)

(d) Street No. West 6th., Street

3. Full name of child Armstrong Alice Katherine (Surname First Middle)

4. Date of birth June 20, 1907 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Armstrong Charles Carroll (Surname First Middle)

10. Color or race white 11. Age at time of this birth 33 yrs.

12. Birthplace Troy Ohio R.F.D. Miami County (City, town, or county) (State or foreign country)

13. Usual occupation Manufacture

14. Industry or business Hardware Products

MOTHER OF CHILD

15. Full maiden name Cady Mary (Surname First Middle)

16. Color or race white 17. Age at time of this birth 31 yrs.

18. Birthplace Troy Ohio (City, town, or county) ..... (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? None None

(b) How many other children were born alive but are now dead? None

(c) How many children were born dead? None

22. Attending Physician or Midwife:

Name Dr. Swisher

Address Marysville, Ohio-West 6th., Street

.....

M. D., midwife, or other M.D. Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(*) JOHN W. DAILEY *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, UNION **County, Ohio**

In the Matter of the Registration of Birth
of Harold Emerson Wright

Case No. A-767

APPLICATION

Your applicant respectfully represents that he *was born in* UNION *County, Ohio; that* he *now resides in* R.F.D. Ridgeway, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County UNION
(b) (City) (Village) Washington Township (Township)
(c) Name of hospital or institution: R.F.D. # 1, Mt. Victory, 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 2 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) (City) (Village) Washington Tpwnship (Township)
(d) Street No. R.F.D. # 1 Mt. Victory, Ohio

3. Full name of child Wright (Surname) Harold (First) Emerson (Middle)

4. Date of birth Jan. 27, 1912 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9 mos

8. Mother married? Yes

FATHER OF CHILD

9. Full name Wright (Surname) Lewis Leora (First) (Middle)
10. Color or race white 11. Age at time of this birth 33 yrs.
12. Birthplace Washington Twp. (City, town, or county) Union Co. (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Gregory (Surname) Edna (First) Opal (Middle)
16. Color or race White 17. Age at time of this birth 18 yrs.
18. Birthplace Marysville, Ohio (City, town, or county) Union Co. (State or foreign country)
19. Usual occupation Housewife
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? None
(b) How many other children were born alive but were then dead? One
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name Harry Titsworth
Address Mt. Victory, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* was never recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Harold Emerson Wright *Applicant*

The State of 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 Emerson Wright *Applicant*

P. O. Address R.F.D.# 1 Ridgeway, Ohio

Sworn to before me and signed in my presence this 21st *day of* March *19* 53.

Martha Jane Guy

(*) Deputy-Clerk (Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, UNION **County, ss.**

I, Edna Opal 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 Opal Wright

P. O. Address 527 West 5th. Street Marysville, Ohio

Sworn to before me and signed in my presence this 21st *day of* March *19* 53

[SEAL]

Martha Jane Guy
Deputy Clerk (Official Title)

The State of Ohio, UNION **County, ss.**

I, Aaron B. Meddles 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.*

Aaron B. Meddles

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 21st., *day of* March *19* 53

[SEAL]

Martha Jane Guy
Deputy-Clerk (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Harold Emerson Wright

March 21st., 19 53

Case No. A-767

ORDER FOR HEARING

This day Harold Emerson Wright *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application be had forthwith, and that notice thereof be dispensed with

~~*It is further ordered by The Court that* ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*~~

NOTICE OF HEARING RECORDED Page .....

(*) JOHN W. DAILEY *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

19.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Harold Emerson Wright

Probate Court, UNION **County, Ohio**

March 21st., *19* 53

Case No. A-767

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Harold Emerson Wright
for an order of The Court directing the registration of his *birth.*
The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of his mother Edna Opal Wright and a neighbor of the vincinity Aaron B. Meddles, 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 Wright Lewis Leora
(b) Washington Twp. (City) Union Co. (Village) (Township)
(c) Name of hospital or institution:
R.F.D. # 1 Mt. Victory, 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 2 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Washington Township (City) (Village) (Township)
(d) Street No. R.F.D, # 1 Mt. Victory, Ohio

3. Full name of child Wright (Surname) Harold (First) Emerson (Middle)
4. Date of birth Jan. 12, 1912 (Month) (Day) (Year)
5. Sex Male
6. Twin or triplet single If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9 mos.
8. Mother married? Yes

FATHER OF CHILD
9. Full name Wright Lewis Leora (Surname) (First) (Middle)
10. Color or race white 11. Age at time of this birth 33 yrs.
12. Birthplace Washington Twp. (City, town, or county) Union Co. (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD
15. Full maiden name Gregory (Surname) Edna (First) Opal (Middle)
16. Color or race white 17. Age at time of this birth 18 yrs.
18. Birthplace Marysville, (City, town, or county) Ohio Union Co. (State or foreign country)
19. Usual occupation Housewife
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living? None
(b) How many other children were born alive but are now dead? One
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name Harry Titsworth
Address Mt. Victory, Ohio
M. D., midwife, or other M.D. Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(*) JOHN W. DAILEY *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, UNION **County, Ohio**

In the Matter of the Registration of Birth
of Elizabeth Eva Miller

Case No. A-768

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 248½ South Pine St. Lima, Ohio Allen County., *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) Milford Center, Ohio (City) (Village) (Township)
(c) Name of hospital or institution: RFD # 1 Milford Center, Ohio (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 26 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State OHIO
(b) County UNION
(c) Milford Center, UNION Twp. (City) (Village) (Township)
(d) Street No. R.F.D. Milford Center

3. Full name of child Miller (Surname) Elizabeth (First) Eva (Middle)

4. Date of birth May 23, 1895 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Miller (Surname) Arthur (First) (Middle)
10. Color or race white 11. Age at time of this birth 35 yrs.
12. Birthplace R.F.D. Mechanicsburg/Champaign Co. (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Palmer (Surname) Deborah Jane (First) (Middle)
16. Color or race white 17. Age at time of this birth 26 yrs.
18. Birthplace Pottersbutg, Ohio-Union Co. (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? One
(b) How many other children were born alive but were then dead? Three
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name Aaron Boylan
Address Milford Center, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* was never recorded
Your applicant hereby makes application for an order of the Court, directing the registration of her birth, *as provided by law.*
Elizabeth Eva Miller Zink *Applicant*

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 Eva Miller Zink *Applicant*
P. O. Address 248½ South Pine St. Lima, Ohio
Sworn to before me and signed in my presence this 24th., *day of* March *19* 53.
Martha Jane Guy
Deputy-Clerk (Official Title)

I*I

AFFIDAVIT

In the Matter of .....
of .....
Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**
I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*
Attending Physician
P. O. Address .....
Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....
(Official Title)

The State of Ohio, UNION **County, ss.**
I, Deborah Jane Johnson 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.*
Her I X I Mark
P. O. Address 202 West Buckeye St. Ada, Ohio
Sworn to before me and signed in my presence this 24th., *day of* March *19* 53.
Martha Jane Guy
Deputy Clerk (Official Title)

(*)

The State of Ohio, UNION **County, ss.**
I, Emma Brake 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.*
Her I X I Mark
P. O. Address Milford Center, Ohio
Sworn to before me and signed in my presence this 24th., *day of* March *19* 53
Martha Jane Guy
Deputy Clerk (Official Title)

(*)

Probate Court, UNION **County, Ohio**
In the Matter of the Registration of Birth
of Elizabeth Eva Miller

March 24th., *19* 53
Case No. A-768
ORDER FOR HEARING

This day Elizabeth Eva Miller *appeared in open court and filed an application for the* 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 ~~xxxx

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

MOTHER OF CHILD
15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....
22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Elizabeth Eva Miller

Probate Court, UNION **County, Ohio**

March 24th., *19* 53

Case No. A-768

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Elizabeth Eva Miller
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 her mother Deborah Jane Johnson and Emma Brake a neighbor of the vincinity 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, Ohio (City) (Village) (Township)
(c) Name of hospital or institution:
R.F.D. Milford Center, Ohio (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 26 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Miller (Surname) Elizabeth (First) Eva (Middle)
4. Date of birth May 23, 1895 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9 mos.
8. Mother married? Yes

FATHER OF CHILD
9. Full name Miller (Surname) Arthur (First) (Middle)
10. Color or race white 11. Age at time of this birth 35 yrs.
12. Birthplace R.F.D. Mechanicsburg, (City, town, or county) Ohio Champaign Co. (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farming

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? Three

MOTHER OF CHILD
15. Full maiden name Palmer (Surname) Deborah (First) Jane (Middle)
16. Color or race white 17. Age at time of this birth 26 yrs.
18. Birthplace Pottersburg, Ohio (City, town, or county) Union County (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....
22. Attending Physician or Midwife:
Name Aaron Boylan
Address Milford Center, Ohio
.....
M. D., midwife, or other M.D. Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(*) JOHN W. DAILEY *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, ...County, Ohio

In the Matter of the.....

of .....

Case No.....

APPLICATION

Your applicant respectfully represents that.....was born in.....County, Ohio; that.....now resides in .....; and that the following are the available facts with relation to.....birth as of the date of delivery:

1. PLACE OF BIRTH:

(a) County.....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet .....

If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

21. Children born to this mother before this birth:

(a) How many other children of this mother were living?.....

(b) How many other children were born alive but were then dead?.....

(c) How many children were born dead?.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of.....birth .....

Your applicant hereby makes application for an order of the Court, directing....., as provided by law.

..... *Applicant*

The State of Ohio,.....County.

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as.....verily believes.

..... *Applicant*

P. O. Address.....

Sworn to before me and signed in my presence this.....day of.....19.....

.....

.....
(Official Title)

AFFIDAVIT

In the Matter of.....

of .....

Probate Court,.....County, Ohio

The State of Ohio,.....County, ss.

I, ..., do hereby certify that I was the physician in attendance at the birth of....., the applicant herein, and that the facts stated in the application are true, as I verily believe.

..... *Attending Physician*

P. O. Address.....

Sworn to before me and signed in my presence this.....day of.....19.....

.....

.....
(Official Title)

The State of Ohio,.....County, ss.

I, ..., do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....day of.....19.....

.....

.....
(Official Title)

The State of Ohio,.....County, ss.

I, ..., do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....day of.....19.....

.....

.....
(Official Title)

Probate Court, ...County, Ohio

In the Matter of the.....

of .....

.....19.....

Case No.....

ORDER FOR HEARING

This day .....appeared in open court and filed an application for the .....

It is ordered that hearing on said application.....

It is further ordered by The Court that.....be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.

NOTICE OF HEARING RECORDED Page..... ..... *Probate Judge.*

280

IN THE PROBATE COURT OF FRANKLIN COUNTY, OHIO

JOURNAL ENTRY Union County No. A-769

BARRETT—556-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Martina Margaret Coleman

Probate Court, Franklin **County, Ohio**

19

Case No. 153189

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Martina Margaret Coleman of the applicant *for an order of The Court correcting* the *birth record, as it is registered in the office of* Probate Court, Union County Birth Record Vol. 4 Page 26 No. 404 the court notice of the hearing on said 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 persons namely, Laura B. Daivs and H.W. Stemmler friends of said applicant 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:

(a) Mother's stay before delivery:
In hospital or institution — In this community — (Specify whether years, months, or days)

(d) Street No. R.F.D. #2 - Box #2

(Township)

3. Full name of child Coleman (Surname) Martina (First) Coleman (Middle)

4. Date of birth Aug. 26, 1908 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet ... If so—born 1st, 2d, or 3d ...

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Coleman (Surname) John (First) Martin (Middle)

10. Color or race W 11. Age at time of this birth 37 yrs.

12. Birthplace Marysville (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business ...

MOTHER OF CHILD

15. Full maiden name Weaver (Surname) Anna (First) Margaret (Middle)

16. Color or race W 17. Age at time of this birth 35 yrs.

18. Birthplace Marysville (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business ...

21. Children born to this mother:
(a) How many other children of this mother are now living? 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 --0--
Address ...
M. D., midwife, or other ...

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars 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.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

C. P. MCCLELLAND *Probate Judge,*
Judge of the Probate Court of Franklin County, Ohio

JOURNAL ENTRY

BARRETT—656-D **Probate Court,** **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of ...

19

Case No. ...

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ... *for an order of The Court directing the registration of* ... *birth.*

..., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ...;

that notice of the hearing on said application has been ...; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ...
(b) ... (City) (Village) (Township)
(c) Name of hospital or institution: ...
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ... In this community ...
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ...
(b) County ...
(c) ... (City) (Village) (Township)
(d) Street No. ...

3. Full name of child ... (Surname) (First) (Middle)

4. Date of birth ... (Month) (Day) (Year)

5. Sex ...

6. Twin or triplet ... If so—born 1st, 2d, or 3d ...

7. Number months of pregnancy ...

8. Mother married? ...

FATHER OF CHILD

9. Full name ... (Surname) (First) (Middle)

10. Color or race ... 11. Age at time of this birth ... yrs.

12. Birthplace ... (City, town, or county) ... (State or foreign country)

13. Usual occupation ...

14. Industry or business ...

MOTHER OF CHILD

15. Full maiden name ... (Surname) (First) (Middle)

16. Color or race ... 17. Age at time of this birth ... yrs.

18. Birthplace ... (City, town, or county) ... (State or foreign country)

19. Usual occupation ...

20. Industry or business ...

21. Children born to this mother:
(a) How many other children of this mother are now living? ...
(b) How many other children were born alive but are now dead? ...
(c) How many children were born dead? ...

22. Attending Physician or Midwife:
Name ...
Address ...
M. D., midwife, or other ... Date signed ...

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth
of Myrtle Marie Mather

Case No. A-770

APPLICATION

Your applicant respectfully represents that she *was born in* Marysville, Union *County, Ohio; that* she *now resides in* 1624 Aberdeen Ave. Columbus, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Marysvile, Paris Twp
(City) (Village) (Township)
(c) Name of hospital or institution:
At Home West Third Street
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 20 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville, Paris Township
(City) (Village) (Township)
(d) Street No. West Third Street

3. Full name of child Mather (Surname) Myrtle (First) Marie (Middle)

4. Date of birth Jan. 14, 1896 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: single — If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9 mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Mather (Surname) Malen (First) Emory (Middle)
10. Color or race white 11. Age at time of this birth 24 yrs.
12. Birthplace Marysville, Ohio-Union Co. (City, town, or county) (State or foreign country)
13. Usual occupation Wood Worker
14. Industry or business Cabinet Work

MOTHER OF CHILD

15. Full maiden name Pfund (Surname) Barbara (First) M. (Middle)
16. Color or race white 17. Age at time of this birth 19 yrs.
18. Birthplace Marysville, Ohio-Union Co. (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? None
(b) How many other children were born alive but were then dead? None
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name Dr. Swisher
Address Marysville, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* ..... *is provided by law.*

has not been properly recorded in the records of Union County Record of birth Vol. 3 Page 137 No.195 that the middle name was omitted, fathers name is mispelled, and the mother's last name is mispelled. Applicant's name should read Myrtle Marie Mather, and the father's name Malen Emory Mather and the the mother's name Barbara M. Pfund.

..... *Applicant*

verily believes.

..... *Applicant*

s, Ohio .....

Sworn to before me and signed in my presence this 2nd *day of* April *19* 53

(Seal)

John W. Dailey
Probate Judge
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....
.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, Malen Mather, 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.*

Malen Mather

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* April *19* 53

(Seal)

John W. Dailey
Probate Judge
(Official Title)

The State of Ohio, Union **County, ss.**

I, Marie L. 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.*

Marie L. Asman

P. O. Address West 5th St., Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* April *19* 53

(Seal)

John W. Dailey
Probate Judge
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record
of Myrtle Marie Mather

April 2, *19* 53

Case No. A-770

ORDER FOR HEARING

This day Myrtle Marie Mather *appeared in open court and filed an application for the* correction of her birth record

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

~~It is further ordered by the Court that~~ ~~the said hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.~~

~~NOTICE OF HEARING RECORDED Page~~

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Myrtle Marie Mather

Probate Court, Union County, Ohio

April 2, 1953

Case No. A-770

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Myrtle Marie Mather *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court, Union County, Ohio Vol. 3, Page 137, No. 195. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of Malen Mather and Marie L. Asman, credible witnesses ; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County: Union

(b): Marysville, Paris Twp (City) (Village) (Township)

(c) Name of hospital or institution: At Home West Third Street (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ..... In this community: 20 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State: Ohio

(b) County: Union

(c): Marysville, Paris Township (City) (Village) (Township)

(d) Street No.: West Third Street

3. Full name of child: Mather (Surname) Myrtle (First) Marie (Middle)

4. Date of birth: Jan. 14, 1896 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: single If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9 mo.

8. Mother married?: Yes

FATHER OF CHILD

9. Full name: Mather (Surname) Malen (First) Emory (Middle)

10. Color or race: white 11. Age at time of this birth: 24 yrs.

12. Birthplace: Marysville, Ohio - Union Co. (City, town, or county) (State or foreign country)

13. Usual occupation: Wood Worker

14. Industry or business: Cabinet Work

MOTHER OF CHILD

15. Full maiden name: Pfund (Surname) Barbara M. (First) (Middle)

16. Color or race: white 17. Age at time of this birth: 19 yrs.

18. Birthplace: Marysville, Ohio - Union Co. (City, town, or county) (State or foreign country)

19. Usual occupation: Housewife

20. Industry or business:

21. Children born to this mother:
(a) How many other children of this mother are now living?: None
(b) How many other children were born alive but are now dead?: None
(c) How many children were born dead?: None

22. Attending Physician or Midwife:
Name: Dr. Swisher
Address: Marysville, Ohio
M. D., midwife, or other: M.D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: Her birth has not been properly recorded in the records of Union County Record of birth Vol. 3, Page 137 No. 195 that the middle name was omitted, fathers name is mispelled, and the mother's last name is mispelled. Applicant's name should read Myrtle Marie Mather, and the father's name Barbara M. Pfund

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... County, Ohio

19.....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.*

....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... Surname First Middle

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... Surname First Middle

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, UNION County, Ohio

In the Matter of the Registration of Birth
of Jeannott Francis

Case No. A-771

APPLICATION

Your applicant respectfully represents that she *was born in* UNION *County, Ohio; that* she *now resides in* Allen Township, Union Co. Milford Center, 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) Plain City, (City) Darby Township (Village) (Township)
(c) Name of hospital or institution: At Home South Chillicothe Street
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 22yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Plain City, (City) Ohio Darby Township (Village) (Township)
(d) Street No. S. Chillicothe Street

3. Full name of child Francis (Surname) Jeannott (First) (Middle)
4. Date of birth April 15, 1900 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet single If so—born 1st, 2d, or 3d
7. Number months of pregnancy 9 mo.
8. Mother married? Yes

FATHER OF CHILD

9. Full name Francis (Surname) William (First) (Middle)
10. Color or race white 11. Age at time of this birth 22 yrs.
12. Birthplace Franklin County, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Stewart (Surname) Lelia (First) (Middle)
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Plain City, Ohio (City, town, or county) Darby Twp. (State or foreign country)
19. Usual occupation Housewife (UNION CO.)
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 M.J.Jenkins
Address Plain City, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* was never recorded
Your applicant hereby makes application for an order of the Court, directing the registration of birth, *as provided by law.*

Jeannott Francis Bishop *Applicant*

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.*

Jeannott Francis Bishop *Applicant*

P. O. Address Route # 1 Milford Center, Ohio

Sworn to before me and signed in my presence this 16th., *day of* April *19* 53.

Martha Jane Guy
Deputy-Clerk (Official Title)

(*)

AFFIDAVIT

In the Matter of ....
of ....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

..... (Official Title)

The State of Ohio, UNION **County, ss.**

I, Lelia Randoplh 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.*

Leila Randolph

P. O. Address Plain City, Ohio R.F.D. # 1

Sworn to before me and signed in my presence this 16th. *day of* April *19* 53.

Martha Jane Guy
Deputy-Clerk (Official Title)

(*)

The State of Ohio, UNION **County, ss.**

I, W.W.Randolph step-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.*

W.W. Randoplh

P. O. Address Plain City, Ohio R.F.D. # 1

Sworn to before me and signed in my presence this 16th., *day of* April *19* 53.

Martha Jane Guy
Deputy-Clerk (Official Title)

(*)

Probate Court, UNION **County, Ohio**

In the Matter of the Registration of Birth
of Jeannott Francis

April 16th., *19* 53

Case No. A-771

ORDER FOR HEARING

This day Jeannott Francis *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 Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

"JOHN W. DAILEY" *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Jeannott Francis

Probate Court, UNION **County, Ohio**

April 16th., *19* 53

Case No. A-771

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Jeannott Francis
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 mother of the said applicant and the step father, two credible witnesses;
that notice of the hearing on said application has been dispensed with*; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Madison
(b) Plain City Darby Township (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 22 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Plain City, Darby Township (City) (Village) (Township)
(d) Street No. S. Chillicothe Street

3. Full name of child Francis Jeanott (Surname) (First) (Middle)

4. Date of birth Apr. 15. 1900 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 Mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Francis (Surname) William (First) (Middle)
10. Color or race white 11. Age at time of this birth 22 yrs.
12. Birthplace Franklin County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Stewart Lelia (Surname) (First) (Middle)
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Plain City, Ohio Darby Township (City, town, or county) (State or foreign country) 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? 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 M.J.Jenkins
Address Plain City, Ohio
M. D., midwife, or other M.D. Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(*) "JOHN W. DAILEY" *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, ...**County, Ohio**

In the Matter of the.....
of .....

Case No.....

APPLICATION

Your applicant respectfully represents that.....*was born in*.....*County, Ohio; that*.....*now resides in* .....*; and that the following are the available facts with relation to*.....*birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County.....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

21. Children born to this mother before this birth:

(a) How many other children of this mother were living?.....

(b) How many other children were born alive but were then dead?.....

(c) How many children were born dead?.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of.....*birth* .....

Your applicant hereby makes application for an order of the Court, directing....., *as provided by law.*

..... *Applicant*

The State of Ohio,.....**County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as.....*verily believes.*

..... *Applicant*

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

..... (Official Title)

AFFIDAVIT

In the Matter of.....
of .....

Probate Court,.....**County, Ohio**

The State of Ohio,.....**County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of*....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

..... (Official Title)

The State of Ohio,.....**County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

..... (Official Title)

The State of Ohio,.....**County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

..... (Official Title)

Probate Court, ...**County, Ohio**

In the Matter of the.....
of .....

..... *19*.....

Case No.....

ORDER FOR HEARING

This day .....*appeared in open court and filed an application for the* .....

It is ordered that hearing on said application.....

It is further ordered by The Court that.....*be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page..... ..... *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Celia Miller (Frank)

Probate Court, Delware County, Ohio

20364 April 6th 1953

Delaware Co. No./ *Case No.* A-772

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Celia Miller (Frank)

for an order of The Court correcting her *birth record, as it is registered in the office of* Probate Court, Union County Ohio *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavit of Mrs. Elizabeth Hall, a person having knowledge of the facts-Clear and convincing documentary; evidence Bankers Life Insurance policy giving date of birth *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County UNION

(b) Richwood (City) (Village) (Township)

(c) Name of hospital or institution: At Home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood (City) (Village) (Township)

(d) Street No. N. Clinton Street

3. Full name of child Miller (Surname) Celia (First) (Middle)

4. Date of birth Oct. 16th, 1897 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet Twin If so—born 1st, 2d, or 3d 2nd

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Miller (Surname) Isaac (First) (Middle)

10. Color or race white 11. Age at time of this birth 43 yrs.

12. Birthplace Aparius (City, town, or county) Hungary (State or foreign country)

13. Usual occupation Merchant

14. Industry or business Grocery Keeper

MOTHER OF CHILD

15. Full maiden name Wiesengerber (Surname) Regina (First) (Middle)

16. Color or race white 17. Age at time of this birth 39 yrs.

18. Birthplace Budapest (City, town, or county) Hungary (State or foreign country)

19. Usual occupation Housewife

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living? 5

(b) How many other children were born alive but are now dead? 2

(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 M.D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: the exact day of birth is not correct; to be corrected to read Oct. 16th., 1897; first name is recorded as "Scillig" to be corrected to "Celia; mother's name is given as "Regie Wesinberger" to be corrected to Regina Wiesenberger" Said Birth is recorded in Vol. 3 Page 139 of the Union County Birth Records"

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

PAUL W. BARRETT *Probate Judge.*

THE STATE OF OHIO DELAWARE 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 the 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 the said Court; that the same has been compared by me with the original entry on the said journal, and that it is a true and correct copy thereof.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name officially and affixed the seal of the said Court this 6th., day of April, 1953.

PAUL W. BARRETT
Judge and ex-officio Clerk

by Betty Stiles
Deputy Clerk.

13. Usual occupation
14. Industry or business
19. Usual occupation
20. Industry or business
21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?
22. Attending Physician or Midwife:
Name
Address
M. D., midwife, or other Date signed
Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, UNION County, Ohio

In the Matter of the Registration of Birth
of Evelyn Pauline Ridgeway

Case No. A-773

APPLICATION

Your applicant respectfully represents that she *was born in* UNION *County, Ohio; that* she *now resides in* Route # 2 Richwood, Ohio *; and that the following are the available facts with relation to* *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County UNION

(b) Claibourne Twp. (City) Richwood, (Village) Ohio (Township)

(c) Name of hospital or institution:

(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) Ohio (Village) Claibourne Twp. (Township)

(d) Street No. North Franklin Street

3. Full name of child Ridgeway (Surname) Evelyn (First) Pauline (Middle)

4. Date of birth Nov. 29, 1913 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single

If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9 mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Ridgeway (Surname) Leo (First) Adam (Middle)

10. Color or race white 11. Age at time of this birth 26 yrs.

12. Birthplace Waverly, Ohio (City, town, or county) Pike Co. (State or foreign country)

13. Usual occupation Lenox Elevator

14. Industry or business Laborer

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

MOTHER OF CHILD

15. Full maiden name Baker (Surname) Bertha (First) Eleanor (Middle)

16. Color or race white 17. Age at time of this birth 23 yrs.

18. Birthplace Claibourne Twonship (City, town, or county) Union Co. (State or foreign country)

19. Usual occupation Housewife

20. Industry or business

22. Attending Physician or Midwife:
Name Firman M. Wurtsbaugh
Address Richwood, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* was never recorded

Your applicant hereby makes application for an order of the Court, directing registration of her birth *as provided by law.*

Evelyn Pauline Ridgeway Grandstaff *Applicant*

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.*

Evelyn Pauline Ridgeway Grandstaff *Applicant*

P. O. Address Route # 2 Richwood, Ohio

Sworn to before me and signed in my presence this 8th., *day of* May *19* 53

(*) JOHN W. DAILEY
MARTHA JANE GUY DEPUTY-Clerk
(Official Title)

AFFIDAVIT

In the Matter of ....
of ....

Probate Court, UNION **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(*) .....
(Official Title)

The State of Ohio, UNION **County, ss.**

I, Bertha Eleanor Johnston 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 Eleanor Ridgeway Johnston

P. O. Address 255 N/ Franklin Street Richwood, Ohio

Sworn to before me and signed in my presence this 8th., *day of* May *19* 53.

(*) Martha Jane Guy
Deputy Clerk
(Official Title)

The State of Ohio, UNION **County, ss.**

I, Fannie McNeal neighbor in the cinvinity, *do hereby certify that 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 McNeal

P. O. Address 220 North Franklin St. Richwood, Ohio

Sworn to before me and signed in my presence this 8th., *day of* May *19* 53

Martha Jane Guy
(*) Deputy-Clerk
(Official Title)

Probate Court, UNION **County, Ohio**

In the Matter of the Registration of Birth
of Evelyn Pauline Ridgeway

May 8th., 19 53

Case No. A-773

ORDER FOR HEARING

This day Evelyn Pauline Ridgeway *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 Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

..... *Probate Judge.*

JOURNAL ENTRY
BARRETT—356-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Evelyn Pauline Ridgeway

Probate Court, UNION **County, Ohio**

May 8th/, *19* 53

Case No. A-773

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Evelyn Pauline Ridgeway
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 her mother Bertha Eleanor Johnston and a neighbor that lived in the vinvinity at the time of her birth 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, Ohio Claibourne Twp.
(City) (Village) (Township)
(c) Name of hospital or institution:
At Home Richwood, Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 2 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State OHIO
(b) County Union
(c) Richwood, Ohio Claibourne Township
(City) (Village) (Township)
(d) Street No. North Franklin Street

3. Full name of child Ridgeway Evelyn Pauline
Surname First Middle
4. Date of birth Nov. 29,1913
(Month) (Day) (Year)
5. Sex Female
6. Twin or triplet single If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9 mos.
8. Mother married? Yes

FATHER OF CHILD
9. Full name Ridgeway Leo Adam
Surname First Middle
10. Color or race white 11. Age at time of this birth 26 yrs.
12. Birthplace Waverly Ohio Pike Co. Ohio
(City, town, or county) (State or foreign country)
13. Usual occupation Lenox Elevator
14. Industry or business Laborer

MOTHER OF CHILD
15. Full maiden name Baker Bertha Eleanor
Surname First Middle
16. Color or race white 17. Age at time of this birth 23 yrs.
18. Birthplace Claibourne Twp. Union County
(City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? 1
(b) How many other children were born alive but are now dead? None
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name Firman M. Wurtsbaugh
Address Richwood, Ohio
.....
M. D., midwife, or other M.D. Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(*) JOHN W. DAILEY *Probate Judge.*

MARTHA JANE GUY
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, UNION County, Ohio

In the Matter of the Registration of Birth

of Lyda M. Arthur

Case No. A-774

APPLICATION

Your applicant respectfully represents that she *was born in* UNION *County, Ohio; that* she *now resides in* 1945 Indianola Ave Columbus, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Leesburg Township (City) (Village) (Township)

(c) Name of hospital or institution: Route # 1-Marysville, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Route # 1- Leesburg Township (City) (Village) (Township)

(d) Street No. Route # 1-Marysville, Ohio

3. Full name of child Rosecrants (Surname) Lyda (First) M/ (Middle)

4. Date of birth April 12-1878 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: single

If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9 mo.

8. Mother married? Yes

FATHER OF CHILD

9. Full name: Rosecrants (Surname) Alphonzo (First) Young (Middle)

10. Color or race: white 11. Age at time of this birth: 21 yrs.

12. Birthplace: Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: Farmer

14. Industry or business: Farmer

MOTHER OF CHILD

15. Full maiden name: Woodburn (Surname) Lucy (First) A. (Middle)

16. Color or race: white 17. Age at time of this birth: 22 yrs.

18. Birthplace: Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation: Housewife

20. Industry or business: 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? one

(c) How many children were born dead? None

22. Attending Physician or Midwife:

Name Mrs. Bell

Address Route # 1- Marysville, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded *birth*

Your applicant hereby makes application for an order of the Court, directing the registration of her/ *, as provided by law.*

Lyda M. Arthur *Applicant*

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.*

Lyda M/ Arthur *Applicant*

P. O. Address 1945 Indianola Ave/Columbus, Ohio

Sworn to before me and signed in my presence this 2nd., *day of* June *19* 53

Todd Hoopes

(*) Notary Public State of Ohio (Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, UNION **County, ss.**

I, Lena Martin not related to Lyda M.Arthur *, do hereby certify that 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 Martin

P. O. Address S. Oak Street, Marysville, Ohio

Sworn to before me and signed in my presence this 2nd., *day of* June *19* 53.

JOHN W. Dailey

(*) Probate Judge (Official Title)

The State of Ohio, UNION **County, ss.**

I, Alma D. Stricker cousin of Lyda M. Arthur *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Alma D. Stricker

P. O. Address 1378 Summit St. Columbus, Ohio

Sworn to before me and signed in my presence this 2nd., *day of* June *19* 53.

John W.Dailey

Probate Judge (*) (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth

of Lyda M. Arthur

June 2nd., *19* 53

Case No. A-774

ORDER FOR HEARING

This day Lyda M. Arthur *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 Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page (*)

JOHN W. DAILEY *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....
Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Lyda M. Arthur

Probate Court, UNION **County, Ohio**

June 2nd., *19* 53

Case No. A-774

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lyda M. Arthur
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 Lena M. Martin and Alma D. Stricker credible witnesses;
that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County UNION
(b) Leesburg Township (City) (Village) (Township)
(c) Name of hospital or institution:
Route # 1 Marysville, Ohio (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State OHIO
(b) County UNION
(c) Route # 1 Leesburg Township (City) (Village) (Township)
(d) Street No. Route # 1 Marysville, Ohio

3. Full name of child Rosecrants Lyda M. (Surname First Middle)
4. Date of birth April 12, 1878 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet single If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Rosecrants Alphonzo Young (Surname First Middle)
10. Color or race white 11. Age at time of this birth 21 yrs.
12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farmer

MOTHER OF CHILD
15. Full maiden name Woodburn Lucy M. (Surname First Middle)
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace UNION (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business 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? One
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name Mrs. Bell -Midwife
Address .....
.....
M. D., midwife, or other.....Date signed.....
Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(*) JOHN W. DAILEY .....*Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, UNION **County, Ohio**

In the Matter of the Registration of Birth
of Arthur Merritt Harford

Case No. A-775

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* R.D.# 1-Emporium,Pennsyl/vania*; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Marysville (City) (Village) (Township)
(c) Name of hospital or institution: Marysville, Ohio Union County At Home (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 1 year (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County UNION
(c) Marysville, Ohio (City) (Village) (Township)
(d) Street No. West Sixth Street

3. Full name of child Harford (Surname) Arthun (First) Merritt (Middle)

4. Date of birth Feb. 20, 1908 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Harford Alice Elsworth (Surname) (First) (Middle)
10. Color or race white 11. Age at time of this birth 38 yrs.
12. Birthplace Homes County, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Methodist Minister
14. Industry or business Methodist Minister

MOTHER OF CHILD

15. Full maiden name Kennedy, Bertha Glena (Surname) (First) (Middle)
16. Color or race white 17. Age at time of this birth 33 yrs.
18. Birthplace Dayton, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? three
(b) How many other children were born alive but were then dead? None
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name Dr.C.D.Mills
Address Marysville,Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* was never recorded birth

Your applicant hereby makes application for an order of the Court, directing the registration of his/ Arthur Merritt Harford *, as provided by law.*

Arthur Merritt Harford *Applicant*

The State of 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 Merritt Harford *Applicant*

P. O. Address R.D.Emporium,Pennsylvania

Sworn to before me and signed in my presence this 25th *day of* June *19* 53.

Mary Sanders
(*) Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of ..... **Probate Court,** ..... **County, Ohio**
of .....

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(*) .....
(Official Title)

The State of Ohio, UNION **County, ss.**

I, Alida Elsworth Harford 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.*

Alida Elsworth Harford

P. O. Address Indian Rover City, Florida

Sworn to before me and signed in my presence this 25th., *day of* June *19* 53.

(*) Mary Sanders Deputy Clerk
(Official Title)

The State of Ohio, UNION **County, ss.**

I, P.D.Longbrake M.D. no relation to the applicant *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

P.D.Longbrake M.D.

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 25th/ *day of* June *19* 53.

Mary Sanders
Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Arthur Merritt Harford

June 25th., *19* 53
Case No. A-775

ORDER FOR HEARING

This day Arthur Merritt Harford *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ..... (*) JOHN W. DAILEY *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

19.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Arthur Merritt Harford

Probate Court, UNION **County, Ohio**

June 25th., *19* 53

Case No. A-775

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Arthur Merritt Harford

for an order of The Court directing the registration of 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 Alida Elsworth Harford and P.D.Longbrake M.D. credible witnesses;

that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Harford, Alida Elsworth

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution:

Marysville, Ohio Union County At Home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 1 year (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. West Sixth Street

3. Full name of child Harford Arthur Merritt (Surname First Middle)

4. Date of birth Feb.20th. 1908 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Elsworth Alida Elsworth (Surname First Middle)

10. Color or race white 11. Age at time of this birth 38 yrs.

12. Birthplace Holmes County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Methodist Minister

14. Industry or business Methodist Minister

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

MOTHER OF CHILD

15. Full maiden name Kennedy, Bertha Glena (Surname First Middle)

16. Color or race white 17. Age at time of this birth 33 yrs.

18. Birthplace Dayton (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business

22. Attending Physician or Midwife:

Name Dr. C.D. Mills

Address Marysville, Ohio

M. D., midwife, or other M.D. Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(*) "JOHN W. DAILEY" *Probate Judge.*

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Clarice Jane Beck

Case No. A-776

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 1243 Donald Ave., Dayton 10, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Marysville (City) (Village) (Township)
(c) Name of hospital or institution:
728 West 4th St. Marysville, Ohio (at home)
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 5 years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville (City) (Village) (Township)
(d) Street No. 728 West 4th Street

3. Full name of child Beck (Surname) Clarice (First) Jane (Middle)

4. Date of birth Sept. 13, 1914 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: Single — If so—born 1st, 2d, or 3d: .....

7. Number months of pregnancy: 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Beck, Frank Fay (Surname, First, Middle)
10. Color or race white — 11. Age at time of this birth 32 yrs.
12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation City Mail carrier
14. Industry or business City Mail carrier

MOTHER OF CHILD

15. Full maiden name Smith, Clara J. (Surname, First, Middle)
16. Color or race white — 17. Age at time of this birth 28 yrs.
18. Birthplace Champaign County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? one
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. C. D. Mills
Address Marysville, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of 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.*

Clarice Jane Beck 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.*

Clarice Jane Beck Blue *Applicant*
P. O. Address 1243 Donald Ave., Dayton 10, Ohio

Sworn to before me and signed in my presence this 27th *day of* June *19*53.

(Seal)

Mary Sanders
Deputy-Clerk (Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

..... (Official Title)

The State of Ohio, Union **County, ss.**

I, Clara J. Beck, mother of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Clara J. Beck
P. O. Address Park Ave., Marysville, Ohio

Sworn to before me and signed in my presence this 27th *day of* June *19*53.

(Seal)

Mary Sanders
Deputy-Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, Jane Beck, Aunt 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.*

Jane Beck
P. O. Address Route #1, Marysville, Ohio

Sworn to before me and signed in my presence this 27th *day of* June *19*53.

(Seal)

Mary Sanders
Deputy-Clerk (Official Title)

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Clarice Jane Beck

June 27th, *19* 53
Case No. A-776
ORDER FOR HEARING

This day Clarice Jane Beck *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

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....
22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....
Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Clarice Jane Beck

Probate Court, Union **County, Ohio**

June 27th, *19* 53

Case No. A-776

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Clarice Jane Beck
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 J. Beck and Jane 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 Union
(b) Marysville (City) (Village) (Township)
(c) Name of hospital or institution:
728 West 4th St. Marysville, Ohio (at home)
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 5 years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville (City) (Village) (Township)
(d) Street No. 728 West 4th Street

3. Full name of child Beck (Surname) Clarice (First) Jane (Middle)
4. Date of birth Sept. 13, 1914 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet Single If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD
9. Full name Beck, (Surname) Frank (First) Fay (Middle)
10. Color or race white 11. Age at time of this birth 32 yrs.
12. Birthplace Union County, Ohio (City, town, or county) ..... (State or foreign country)
13. Usual occupation City Mail carrier
14. Industry or business City Mail carrier

MOTHER OF CHILD
15. Full maiden name Smith, (Surname) Clara (First) J. (Middle)
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Champaign County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....
22. Attending Physician or Midwife:
Name Dr. C. D. Mills
Address Marysville, Ohio
.....
M. D., midwife, or other M.D. Date signed .....

21. Children born to this mother:
(a) How many other children of this mother are now living? one
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none
Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth
of Bertha Madrea Gordon

Case No. A-777

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 1601 N. Fourth St. *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution: (at Home)
510 West 4th St. Marysville, Ohio
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community 1 year
(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. 510 West Fourth Street

3. Full name of child Gordon (Surname) Bertha (First) Madrea (Middle)

4. Date of birth Dec. 6, 1902 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet Single If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Gordon, Otis Davis (Surname) (First) (Middle)

10. Color or race White 11. Age at time of this birth 33 yrs.

12. Birthplace Logan County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Horse trainer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Northrup, Calla (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 34 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. P. D. Longbrake
Address Marysville, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly recorded

Your applicant hereby makes application for an order of the Court, directing correction of her birth *, as provided by law.*

Bertha Madrea Gordon *Applicant*

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 Madrea Gordon *Applicant*

P. O. Address 1601 N. Fourth St., Columbus, Ohio

Sworn to before me and signed in my presence this 6th *day of* July *19* 53.

Mary Sanders, Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Charles C. Carr no relation 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 C. Carr

P. O. Address N. Court St., Marysville, Ohio

Sworn to before me and signed in my presence this 6th *day of* July *19* 53.

Mary Sanders
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Lovina Carr no relation 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.*

Lovina Carr

P. O. Address N. Court St., Marysville, Ohio

Sworn to before me and signed in my presence this 6th *day of* July *19* 53.

Mary Sanders
Deputy-Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record
of Bertha Madrea Gordon

July 6 *19* 53

Case No. A-777

ORDER FOR HEARING

This day Bertha Madrea Gordon *appeared in open court and filed an application for the* correction of her birth record

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Bertha Madrea Gordon

Probate Court, Union **County, Ohio**

July 6 *19* 53

Case No. A-777

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Bertha Madrea Gordon *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court, Union County, Ohio *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of Charles C. Carr and Lovina Carr, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (510 West Fourth Street)
(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 1 year
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) 510 West Fourth St., Marysville, Ohio
(City) (Village) (Township)

(d) Street No. 510 West Fourth Street

3. Full name of child Gordon (Surname) Bertha Madrea (First Middle)

4. Date of birth Dec. 6, 1902 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet Single If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married?

FATHER OF CHILD

9. Full name Gordon, Otis Davis (Surname First Middle)

10. Color or race white 11. Age at time of this birth 33 yrs.

12. Birthplace Logan County, Ohio
(City, town, or county) (State or foreign country)

13. Usual occupation Horsetrainer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Northrup, Calla (Surname First Middle)

16. Color or race white 17. Age at time of this birth 34 yrs.

18. Birthplace Union County, Ohio
(City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living? none
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. P. D. Longbrake
Address Marysville, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:
Her birth has not been properly recorded in the Records of Union County Record of Birth, Vol. 3, Page 163, No. 119, that the name should be Bertha Madrea Gordon instead of Madie Godon, that the father's name should be Otis Davis Gordon instead of Otto Gordon, that the mother's name should be Calla Northrup instead of Ella Northrup.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, Union **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.* ....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... ; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County

(b)
(City) (Village) (Township)

(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

(c)
(City) (Village) (Township)

(d) Street No.

3. Full name of child (Surname First Middle)

4. Date of birth (Month) (Day) (Year)

5. Sex

6. Twin or triplet If so—born 1st, 2d, or 3d

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

9. Full name (Surname First Middle)

10. Color or race 11. Age at time of this birth yrs.

12. Birthplace
(City, town, or county) (State or foreign country)

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

15. Full maiden name (Surname First Middle)

16. Color or race 17. Age at time of this birth yrs.

18. Birthplace
(City, town, or county) (State or foreign country)

19. Usual occupation

20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name
Address
M. D., midwife, or other Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Lilly May Smith

Case No. A-778

APPLICATION

Your applicant respectfully represents that she *was born in* Jerome Twp, Union *County, Ohio; that* she *now resides in* 576 Salisbury Road Columbus, Ohio; *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County UNION
(b) New California, Jerome 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 4 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) New California - Jerome Township (City) (Village) (Township)
(d) Street No. R.F.D. #3

3. Full name of child Smith (Surname) Lilly (First) May (Middle)
4. Date of birth Apr. 15, 1906 (Month) (Day) (Year)
5. Sex: Female
6. Twin or triplet: single — If so—born 1st, 2d, or 3d
7. Number months of pregnancy: 9 mos.
8. Mother married? Yes

FATHER OF CHILD

9. Full name Smith (Surname) Charles (First) Orville (Middle)
10. Color or race white — 11. Age at time of this birth 39 yrs.
12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farm Hand

MOTHER OF CHILD

15. Full maiden name Pennypacker (Surname) Glennie May (First) (Middle)
16. Color or race white — 17. Age at time of this birth 26 yrs.
18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation Housewive
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 1
(b) How many other children were born alive but were then dead? None
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name Dr. Vigor
Address New California, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of her birth, *as provided by law.*

Lilly May Smith Boyer *Applicant*

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.*

Lilly May Smith Boyer *Applicant*

P. O. Address 576 Salisbury Road Columbus, Ohio

Sworn to before me and signed in my presence this 14th *day of* August *19* 53.

(Seal)

Martha Jane Guy
Deputy-Clerk (Official Title)

AFFIDAVIT

In the Matter of ..... **Probate Court,** ..... **County, Ohio**
of .....

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Seal)

(Official Title)

The State of Ohio, Union **County, ss.**

I, Glennie May Smith 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.*

Glennie May Smith

P. O. Address 340 Columnian Ave. Columbus, Ohio

Sworn to before me and signed in my presence this 14th *day of* August *19* 53.

(Seal)

Martha Jane Guy
Deputy-Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, Howard Thompson Cousin to the applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Howard Thompson

P. O. Address 309 W. Third Street Marysville, Ohio

Sworn to before me and signed in my presence this 14th *day of* August *19* 53.

(Seal)

Martha Jane Guy
Deputy-Clerk (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Lilly May Smith

August 14th, 19 53

Case No. A-778

ORDER FOR HEARING

This day Lilly May 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 thereof be dispensed with.

It is further ordered by The Court that xxx be and he hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued. xxxx

NOTICE OF HEARING RECORDED Page .....

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

.....*19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....
22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....
Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Lilly May Smith

Probate Court, Union **County, Ohio**

August 14th, *19* 53

Case No. A-778

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lilly May Smith
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 applicant's mother Glennie May Smith and cousin of the applicant Howard Thompson 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) New California, Jerome 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 4 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County UNION
(c) New California Jerome Township (City) (Village) (Township)
(d) Street No. R.F.D. #3

3. Full name of child Smith (Surname) Lilly (First) May (Middle)
4. Date of birth Apr. 15-1906 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet single If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9 mo
8. Mother married? Yes

FATHER OF CHILD
9. Full name Smith (Surname) Charles (First) Orville (Middle)
10. Color or race white 11. Age at time of this birth 39 yrs.
12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farmer Hand

MOTHER OF CHILD
15. Full maiden name Pennypacker, (Surname) Glennie (First) May (Middle)
16. Color or race white 17. Age at time of this birth 26 yrs.
18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business
22. Attending Physician or Midwife:
Name Dr. Vigor
Address New California, Ohio
M. D., midwife, or other M.D. Date signed

21. Children born to this mother:
(a) How many other children of this mother are now living? 1
(b) How many other children were born alive but are now dead? None
(c) How many children were born dead? None
Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, UNION **County, Ohio**

In the Matter of the Correction of Birth
of Esther Lenora Kramer

Case No. A-779

APPLICATION

Your applicant respectfully represents that she *was born in* UNION *County, Ohio; that* she *now resides in* 9631 Orizaba Ave. Downey, California *; 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) Plain City, Ohio-Jerome 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 34 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State OHIO
(b) County UNION
(c) Plain City- (City) Jerome Township (Village) (Township)
(d) Street No. R.F.D.

3. Full name of child Kramer (Surname) Esther (First) Lenora (Middle)
4. Date of birth July 18th, 1899 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet single If so—born 1st, 2d, or 3d
7. Number months of pregnancy 9 mos
8. Mother married? Yes

FATHER OF CHILD

9. Full name Kramer (Surname) Daniel (First) Alburn (Middle)
10. Color or race white 11. Age at time of this birth 35 yrs.
12. Birthplace Plain City- (City, town, or county) Union Co.-Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Michael (Surname) Anna (First) Viola (Middle)
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Plain City, Ohio (City, town, or county) Jerome Township (State or foreign country)
19. Usual occupation Housewife
20. Industry or business Housekeeping

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. Matoon
Address Plain City, Ohio
M. D., midwife, or other M.D.

Your applicant further represents that the registration of her birth has not been properly recorded in the Probate Court of Union County, Probate Court in the Record of Births Vol.3-Page 115-No.117 that the name should read Esther Lenora Kramer instead of D.A. Kramer and that the date of the birth is incorrect and should read July 18th., 1899 and that the mother's name should be Anna instead of Annie and should read Anna Michael

The State of Ohio, MARION County.

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Esther Lenora Kramer Miller *Applicant*

P. O. Address 9631 Orizaba Avenue, Downey California

Sworn to before me and signed in my presence this 17th *day of* August *19* 53.

MARTHA JANE GUY
Deputy Clerk
(Official Title)

(*)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, UNION **County, ss.**

I, Julia Ann Lewis 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.*

Julia Ann Lewis

P. O. Address 21 North Davis Ave, Columbus, Ohio

Sworn to before me and signed in my presence this 17th., *day of* August *19* 53.

Martha Jane Guy
Deputy-Clerk
(Official Title)

(*)

The State of Ohio, UNION **County, ss.**

I, Edward Micheal 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.*

E.D.Michael

P. O. Address Route # 2-Richwood, Ohio

Sworn to before me and signed in my presence this 17th., *day of* August *19* 53.

Martha Jane Guy
Deputy-Clerk
(Official Title)

(*)

Probate Court, UNION **County, Ohio**

In the Matter of the Correction of Birth
of Esther Lenora Kramer

August 17th., *19* 53

Case No. A-779

ORDER FOR HEARING

This day Esther Lenora Kramer *appeared in open court and filed an application for the* correction of her birth (passed with.)

It is ordered that hearing on said application be had forthwith and that notice of the said hearing be dis-/

xxxx

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Esther Lenora Kramer

Probate Court, UNION **County, Ohio**

August 17th., *19* 53

Case No. A-779

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Esther Lenora Kramer *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court Union County, Ohio Vol.3 Page 115 No.178 *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of Julia Ann Lewis aunt of the applicant and Edward Michael uncle of the applicant twp credible witnesses; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County UNION
(b) Plain City, Ohio-Jerome 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 34 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State OHio
(b) County UNION
(c) Plain City, Ohio-Jerome Township (City) (Village) (Township)
(d) Street No. R.F.D.

3. Full name of child Kramer (Surname) Esther (First) Lenora (Middle)
4. Date of birth July 18,1899 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet single If so—born 1st, 2d, or 3d
7. Number months of pregnancy 9 mos
8. Mother married? Yes

FATHER OF CHILD
9. Full name Kramer Daniel Alburn (Surname) (First) (Middle)
10. Color or race white
11. Age at time of this birth 35 yrs.
12. Birthplace Plain City, Ohio Union Co. (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD
15. Full maiden name Michael Anna Viola (Surname) (First) (Middle)
16. Color or race white
17. Age at time of this birth 30 yrs.
18. Birthplace Plain City, Ohio-Jerome Township (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business Housekeeping

21. Children born to this mother:
(a) How many other children of this mother are now living? 1
(b) How many other children were born alive but are now dead? None
(c) How many children were born dead? None
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name Dr.Matoon
Address Plain City, Ohio
M. D., midwife, or other M.D.

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: Her birth has not been properly recorded in the Union County Probate Court in the Record of Births Vol.3 Page 115; No.117 that the name should read Esther Lenora Kramer instead of D.A.Kramer and that the date should be July 18th., 1899 and that the mother's name should be Anna instead of Annie and should read Anna Michael.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(*). "John W. Dailey" *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.* ....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)
4. Date of birth ..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy .....
8. Mother married? .....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race .....
11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race .....
17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, UNION County, Ohio

In the Matter of the Registration of Birth

of Helen Ruth Page

Case No. A-780

APPLICATION

Your applicant respectfully represents that she *was born in* UNION *County, Ohio; that* she *now resides in* Route # 2 Ostrander, 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 (City) (Village) (Township)

(c) Name of hospital or institution: At Home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 26 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State OHIO

(b) County Union

(c) Irwin (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Page (Surname) Helen (First) Ruth (Middle)

4. Date of birth Aug. 22, 1897 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos

8. Mother married? yes

FATHER OF CHILD

9. Full name Page (Surname) Paul (First) Mathew (Middle)

10. Color or race white — 11. Age at time of this birth 31 yrs.

12. Birthplace Philadephia (City, town, or county) Pennsylvania (State or foreign country)

13. Usual occupation Blacksmith

14. Industry or business Blacksmith

MOTHER OF CHILD

15. Full maiden name McClimans, Sarah Catherine (Surname) (First) (Middle)

16. Color or race white — 17. Age at time of this birth 26 yrs.

18. Birthplace Irwin, Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? one

(b) How many other children were born alive but were then dead? None

(c) How many children were born dead? None

22. Attending Physician or Midwife:

Name A.L. Burson

Address Irwin, Ohio

M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of her birth *, as provided by law.*

Helen Ruth Page (Van Luven) *Applicant*

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 Ruth Page (Van Luven) *Applicant*

P. O. Address Route # 2 Ostrander, Ohio

Sworn to before me and signed in my presence this 18th. *day of* August *19* 53

Mary Sanders

(*) Deputy-Clerk (Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, UNION **County, ss.**

I, Etta M. Mitchell 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.*

Etta M. Mitchell

P. O. Address Route # 1-Ostrander, Ohi

Sworn to before me and signed in my presence this 18th *day of* August *19* 53

Mary Sanders

(*) Deputy-Clerk (Official Title)

The State of Ohio, UNION **County, ss.**

I, George R. Mitchell 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.*

George R. Mitchell

P. O. Address Ostrander, OHIO- Route # 1

Sworn to before me and signed in my presence this 18th., *day of* August *19* 53.

Mary Sanders

(*) Deputy-Clerk (Official Title)

Probate Court, UNION **County, Ohio**

In the Matter of the Registration of Birth

of Helen Ruth Page

August 18th., *19* 53

Case No. A-780

ORDER FOR HEARING

This day Helen Ruth Page *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 the said hearing be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

"JOHN W. DAILEY" *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Helen Ruth Page

Probate Court, UNION **County, Ohio**

August 19th., *19* 53

Case No. A-780

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Helen Ruth Page

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 M. Mitchell and George R. Mitchell, credible witnesses;

that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the 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 (City) (Village) (Township)

(c) Name of hospital or institution:

At Home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 26 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State OHIO

(b) County Union

(c) Irwin (City) (Village) (Township)

(d) Street No.....

3. Full name of child Page (Surname) Helen (First) Ruth (Middle)

4. Date of birth Aug. 22-1897 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Page (Surname) Paul (First) Mathew (Middle)

10. Color or race white 11. Age at time of this birth 31 yrs.

12. Birthplace Philadelphia (City, town, or county) Pennsylvania (State or foreign country)

13. Usual occupation Blacksmith

14. Industry or business Blacksmith

MOTHER OF CHILD

15. Full maiden name McClimans, Sarah Catherine (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Irwin, Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

22. Attending Physician or Midwife:

Name A.L.Burson

Address Irwin, Ohio

.....

M. D., midwife, or other M.D. Date signed.....

21. Children born to this mother:

(a) How many other children of this mother are now living? one

(b) How many other children were born alive but are now dead? None

(c) How many children were born dead? None

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(*) JOHN W. DAILEY *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, UNION **County, Ohio**

In the Matter of the Correction of Birth
of Bessie Phelps

Case No. A-781

APPLICATION

Your applicant respectfully represents that she *was born in* UNION *County, Ohio; that* she *now resides in* Mansfield, 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 (City) (Village) (Township)
(c) Name of hospital or institution: Fram residence (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Taylor (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Phelps (Surname) Hazel (First) ..... (Middle)
4. Date of birth 5/13/94 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy 9
8. Mother married? Yes

FATHER OF CHILD
9. Full name Phelps (Surname) Charles (First) A. (Middle)
10. Color or race White 11. Age at time of this birth 40 yrs.
12. Birthplace UNION COUNTY, (City, town, or county) OHIO (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Priest (Surname) Mary (First) E (Middle)
16. Color or race white 17. Age at time of this birth 34 yrs.
18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? seven
(b) How many other children were born alive but were then dead? None
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name None
Address .....
M. D., midwife, or other deceased sister(Adeline)

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly recorded. Name should have been Hazel Phelps instead of Bessie Phelps in the Probate Court of Union County Ohio in Vol. 3 Page 158- No. 256 in Record of Births

Your applicant hereby makes application for an order of the Court, directing correction of name of (Bessie Phelps to Hazel Phelps) *, as provided by law.*

Hazel Anderson *Applicant*
534 Summit Street Mansfield, Ohio

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 Anderson *Applicant*
P. O. Address 534 Summit Street Mansfield, Ohio

Sworn to before me and signed in my presence this 10th. *day of* September *19* 53

(*) John W. Dailey
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Laura Collins unrelated *, do hereby certify that 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 Collins
P. O. Address Route #4 Marysville, Ohio

(*)

Sworn to before me and signed in my presence this 10th *day of* September *19* 53

John W. Dailey
Probate Judge (*).
(Official Title)

The State of Ohio, UNION **County, ss.**

I, Louis F. Otte unrelated *, do hereby certify that 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 303 W.5th.Street-Marysville,Ohio

Sworn to before me and signed in my presence this 10th. *day of* September *19* 53

JOHN W. DAILEY
(*) PROBATE JUDGE
(Official Title)

Probate Court, UNION **County, Ohio**

In the Matter of the Correction of Birth
of Bessie Phelps

September 10th., *19* 53
Case No. A-782
ORDER FOR HEARING

This day Bessie Phelps *appeared in open court and filed an application for the* correction of her Birth

It is ordered that hearing on said application dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ..... (*) JOHN W. DAILEY *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Bessie Phelps

Probate Court, UNION **County, Ohio**

September 10th., 1953

Case No. A-781

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Bessie Phelps *for an order of The Court correcting* her *birth record, as it is registered in the office of* The Probate Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavit of Laura Collins and Louis F. Otte persons having knowledge of the facts ; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County UNION
(b) ____ (City) Taylor (Village) ____ (Township)
(c) Name of hospital or institution: Farm Residence (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State OHIO
(b) County UNION
(c) ____ (City) Taylor (Village) ____ (Township)
(d) Street No. ____

3. Full name of child Phelps (Surname) Hazel (First) ____ (Middle)

4. Date of birth 5/13/94 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy 9

8. Mother married? YES

FATHER OF CHILD
9. Full name Phelps (Surname) Charles (First) A. (Middle)
10. Color or race white 11. Age at time of this birth 40 yrs.
12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business ____

MOTHER OF CHILD
15. Full maiden name Priest (Surname) Mary (First) E. (Middle)
16. Color or race white 17. Age at time of this birth 34 yrs.
18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business ____

21. Children born to this mother:
(a) How many other children of this mother are now living? Seven
(b) How many other children were born alive but are now dead? None
(c) How many children were born dead? None
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name None
Address ____
M. D., midwife, or other deceased sister (Adeline)

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that her given name recorded Bessie be and hereby ordered chabged and recorded as Hazel. As recorded in Volume 3 No. 256 Page 158 of the Birth Records of Union County, Ohio

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(*) "JOHN W. DAILEY" *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of ____

Probate Court, ____ **County, Ohio**

19____

Case No. ____

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.* ____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____ ; *that notice of the hearing on said application has been* ____ *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County ____
(b) ____ (City) ____ (Village) ____ (Township)
(c) Name of hospital or institution: ____ (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State ____
(b) County ____
(c) ____ (City) ____ (Village) ____ (Township)
(d) Street No. ____

3. Full name of child ____ (Surname) ____ (First) ____ (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD
9. Full name ____ (Surname) ____ (First) ____ (Middle)
10. Color or race ____ 11. Age at time of this birth ____ yrs.
12. Birthplace ____ (City, town, or county) ____ (State or foreign country)
13. Usual occupation ____
14. Industry or business ____

MOTHER OF CHILD
15. Full maiden name ____ (Surname) ____ (First) ____ (Middle)
16. Color or race ____ 17. Age at time of this birth ____ yrs.
18. Birthplace ____ (City, town, or county) ____ (State or foreign country)
19. Usual occupation ____
20. Industry or business ____

21. Children born to this mother:
(a) How many other children of this mother are now living? ____
(b) How many other children were born alive but are now dead? ____
(c) How many children were born dead? ____
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name ____
Address ____
M. D., midwife, or other ____ Date signed ____

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of the Birth Record
of Mary Phelps

Case No. A-782

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Marysville, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Taylor
(City) (Village) (Township)

(c) Name of hospital or institution:
Farm residence
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Taylor
(City) (Village) (Township)

(d) Street No. .....

3. Full name of child Phelps (Surname) Mary (First) (Middle)

4. Date of birth 1/3/97 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Phelps (Surname) Charles (First) A. (Middle)

10. Color or race White 11. Age at time of this birth 43 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business .....

21. Children born to this mother before this birth
(a) How ...

MOTHER OF CHILD

15. Full maiden name Priest (Surname) Mary (First) E. (Middle)

16. Color or race White 17. Age at time of this birth 37 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

22. Attending Physician or Midwife ...

has not been accurately recorded. Date of birth should have been January 3rd instead of January 13th, 1897, and also she was listed as unnamed infant. Afterwards named Mary Florence.

io

The applicant hereby makes application for an order of the Court, directing correction of date of birth, xxxxxxxxxxxxxxxx *as provided by law.*
and supplying first and second names as provided by law.

Mary F. Barnett *Applicant*

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.

Mary F. Barnett *Applicant*

P. O. Address 623 West 9th St., Marysville, Ohio

Sworn to before me and signed in my presence this 10th *day of* September *19*53.

(Seal) John W. Dailey

(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Laura Collins unrelated *, do hereby certify that 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 Collins,

P. O. Address Rte. 4, Marysville, Ohio

Sworn to before me and signed in my presence this 10th *day of* September *19* 53.

(Seal) John W. Dailey
Probate Judge

(Official Title)

The State of Ohio, Union **County, ss.**

I, Louis F. Otte, unrelated *, do hereby certify that 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 303 W. 5th St., Marysville

Sworn to before me and signed in my presence this 10th *day of* September *19* 53.

(Seal) John W. Dailey
Probate Judge

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth
of Mary Phelps

September 10th., *19* 53

Case No. A-782

ORDER FOR HEARING

This day Mary Phelps *appeared in open court and filed an application for the* correction of her birth record

It is ordered that hearing on said application dispensed with

It is further ordered by The Court that xxxxxxxxxxxxxxx

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Mary Phelps

Probate Court, Union **County, Ohio**

September 10 *19* 53

Case No. A-782

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Mary Phelps *for an order of The Court correcting* her *birth record, as it is registered in the office of* the Probate Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the Affidavit of Laura Collins and Louis F. Otte Persons having knowledge of the facts.; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) (City) Taylor (Village) (Township)
(c) Name of hospital or institution: Farm residence (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) (City) Taylor (Village) (Township)
(d) Street No. .....

3. Full name of child Phelps (Surname) Mary (First) ..... (Middle)
4. Date of birth 1/3/97 (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy 9
8. Mother married? .....

FATHER OF CHILD
9. Full name Phelps (Surname) Charles (First) A. (Middle)
10. Color or race White 11. Age at time of this birth 40 yrs.
12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Priest (Surname) Mary E. (First) ..... (Middle)
16. Color or race White 17. Age at time of this birth 37 yrs.
18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? Eight
(b) How many other children were born alive but are now dead? None
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name Dr. Taylor
Address Broadway, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That the date of birth as recorded as of January 13, 1897 be and it is hereby ordered corrected to and as of January 3, 1897. Also, the record shows as recorded infant unnamed and that the record be corrected to read Mary Florence Phelps, As recorded in Vol. 3, Page 159 No. 254, birth records of Union County, Ohio

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... for an order of The Court directing the registration of ..... birth. ....., having personally examined the applicant in open court, finds that the facts stated in the application are supported by ..... ; that notice of the hearing on said application has been ..... ; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—

1. PLACE OF BIRTH:
(a) County .....
(b) (City) (Village) (Township)
(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) (City) (Village) (Township)
(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)
4. Date of birth ..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy .....
8. Mother married? .....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, ...**County, Ohio**

In the Matter of the.....
of .....

Case No......

APPLICATION

Your applicant respectfully represents that.....*was born in*.....*County, Ohio; that*.....*now resides in* .....*; and that the following are the available facts with relation to*.....*birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County.....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother before this birth:

(a) How many other children of this mother were living?.....

(b) How many other children were born alive but were then dead?.....

(c) How many children were born dead?.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of.....*birth* .....

Your applicant hereby makes application for an order of the Court, directing....., *as provided by law.*

..... *Applicant*

The State of Ohio,.....**County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as.....*verily believes.*

..... *Applicant*

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

..... (Official Title)

AFFIDAVIT

In the Matter of.....
of .....

Probate Court,.....**County, Ohio**

The State of Ohio,.....**County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of*....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

..... (Official Title)

The State of Ohio,.....**County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

..... (Official Title)

The State of Ohio,.....**County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

..... (Official Title)

Probate Court, ...**County, Ohio**

In the Matter of the.....
of .....

..... *19*.....

Case No......

ORDER FOR HEARING

This day .....*appeared in open court and filed an application for the* .....

It is ordered that hearing on said application.....

It is further ordered by The Court that.....*be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page..... ..... *Probate Judge.*

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JOURNAL ENTRY
BARRETT—656-CX

Franklin County's No. 156169

In the Matter of the CORRECTION OF BIRTH RECORD

of Ada Pauline Wilcox

Probate Court, UNION **County, Ohio**

October 15th., 1953

Case No. A-783

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Ada Pauline Bonnett (as provided by law)

for an order of The Court correcting her *birth record, as it is registered in the office of* Union County, Marysville, Ohio Birth Record Vol. 3 Page 220. No. 314 The Court finds that the notice of the hearing has been dispensed with/ The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* Documentary Evidence as follows: Two Prudential Insurance Policies, #4314099S and #7408097411m ; showing name and date of birth of the said applicant; The Court finds that the record of the birth of the applicant is as follows: ; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne (City) (Village) (Township)

(c) Name of hospital or institution: Home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Wilcox (Surname) Ada (First) Pauline (Middle)

4. Date of birth Feb. 7th., 1903 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Wilcox (Surname) Alfred (First) (Middle)

10. Color or race W 11. Age at time of this birth 42 yrs.

12. Birthplace Columbus, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Hill (Surname) Ava (First) Zelfa (Middle)

16. Color or race W 17. Age at time of this birth 41 yrs.

18. Birthplace Cincinnati, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? 4

(b) How many other children were born alive but are now dead? 1

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Sally Fisher

Address Richwood, Ohio

M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: , and that a certified copy of this order be transmitted to the office in which the said birth recorded 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 Oct, 13th., 1953 (*)

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

C.P.McClelland Judge of Court Franklin County, Ohio *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

..... *19*.....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of .....

for an order of The Court directing the registration of ..... *birth.*

....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* .....;

that notice of the hearing on said application has been .....; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? .....

(b) How many other children were born alive but are now dead? .....

(c) How many children were born dead? .....

22. Attending Physician or Midwife:

Name .....

Address .....

M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Irene Evelyn Matteson

Case No. A-784

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 14901 Lorain Avenue, Cleveland, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Jackson Township (City) (Village) (Township)
(c) Name of hospital or institution:
at home Jackson Township, Union Co. 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 13 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Matteson (Surname) Irene (First) Evelyn (Middle)

4. Date of birth May 28, 1911 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: Single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Matteson, Charles Morris (Surname) (First) (Middle)
10. Color or race white — 11. Age at time of this birth 32 yrs.
12. Birthplace Bolling Green Twp, Marion Co. Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Laborer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Parthemore, Zella Belle (Surname) (First) (Middle)
16. Color or race white — 17. Age at time of this birth 27 yrs.
18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 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. Roebuck
Address Richwood, Ohio
M. D., midwife, or other M.E.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing registration of her birth *, as provided by law.*

Irene Evelyn Matteson Gier *Applicant*

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.*

Irene Evelyn Matteson Gier *Applicant*
P. O. Address 14901 Lorain Avenue, Cleveland, Ohio

Sworn to before me and signed in my presence this 21st *day of* October *19* 53.

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Charles M. Matteson father of applicant *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Charles M. Matteson
P. O. Address 441 Fies Avenue, Marion, Ohio

Sworn to before me and signed in my presence this 21st *day of* October *19* 53.

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Justus S. Matteson 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.*

Justus S. Matteson
P. O. Address 144 North Franklin St., Richwood, Ohio

Sworn to before me and signed in my presence this 21st *day of* October *19* 53.

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Irene Evelyn Matteson

October 21, 19 53

Case No. A-784

ORDER FOR HEARING

This day Irene Evelyn Matteson *appeared in open court and filed an application for the* registration of her birth record *with*

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed / XXXX

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....
22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....
Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Irene Evelyn Matteson

Probate Court, Union **County, Ohio**

October 21, *19* 53

Case No. A-784

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Irene Evelyn Matteson
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 M. Matteson and Justus S. Matteson, credible witnesses;
that notice of the hearing on said application has been dispensed with*; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Jackson Township (City) (Village) (Township)
(c) Name of hospital or institution:
at home Jackson Township, Union Co. 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 13 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson Township (City) (Village) (Township)
(d) Street No.....

3. Full name of child Matteson (Surname) Irene (First) Evelyn (Middle)
4. Date of birth May 28, 1911 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet Single If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD
9. Full name Matteson, Charles Morris (Surname) (First) (Middle)
10. Color or race white 11. Age at time of this birth 32 yrs.
12. Birthplace Bolling Green Twp. (City, town, or county) Marion Co. Ohio (State or foreign country)
13. Usual occupation Laborer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Parthemore, Zella Belle (Surname) (First) (Middle)
16. Color or race white 17. Age at time of this birth 27 yrs.
18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business.....
22. Attending Physician or Midwife:
Name Dr. Roebuck
Address Richwood, Ohio
.....
M. D., midwife, or other M.D. Date signed.....

21. Children born to this mother:
(a) How many other children of this mother are now living? one
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none
Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, UNION County, Ohio

In the Matter of the Correction of Birth

of Margaret Bouic

Case No. A-785

APPLICATION

Your applicant respectfully represents that she *was born in* UNION *County, Ohio; that* she *now resides in* Route # 3, Plain City, Ohio; *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County UNION

(b) ..... (City) Millcreek Township (Village) (Township)

(c) Name of hospital or institution: at Home Millcreek Township Union County, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 14 mos. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County UNION

(c) ..... (City) Millcreek Township (Village) (Township)

(d) Street No. .....

3. Full name of child Bouic (Surname) Margret (First) ..... (Middle)

4. Date of birth October 31, 1902 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: sihgle If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Bouic (Surname) Daniel (First) W. (Middle)

10. Color or race white 11. Age at time of this birth 39 yrs.

12. Birthplace Millcreek Township (City, town, or county) Union County, Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Latimer, Murtle M. (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 19 yrs.

18. Birthplace Madison County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 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. L. L. Pounds

Address Ostrander, Ohio

M. D., midwife, or other M.D.

Your applicany further represents that the registration of her birth has not been properly recorded in the records of Union County Record of Birth Vol. 3 Page 24, No. 27 that the date of Birth should be October 31st., 1902 instead of December 30th., 1902. That the place of birth is Millcreek Twp Union County, Ohio instead of Mill Creek Township Union County, Ohio

Your applicant hereby makes application for an order of the Court directing that the correction of her birth record as provided by law.

Margaret Bouic McKitrick -Applicant

P. O. Address Route # 3-Plain City, Ohio

Sworn to before me and signed in my presence this 19th. *day of* November *19* 53.

(*).

Mary Sanders Deputy-Clerk

(Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, UNION County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(*).

(Official Title)

The State of Ohio, UNION **County, ss.**

I, Bertha L. Taylor 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.*

Bertha L. Taylor

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 19th. *day of* November *19* 53

Mary Sanders

Deputy Clerk

(*).

(Official Title)

The State of Ohio, UNION **County, ss.**

I, Edith Elsom 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.*

Edith Elsom

P. O. Address 171 Elwood Avenue Marysville, Ohio

Sworn to before me and signed in my presence this 19th *day of* November *19* 53.

MARY Sanders

Deputy Clerk

(*)

(Official Title)

Probate Court, UNION County, Ohio

In the Matter of the Correction of Birth

of Margaret Bouic

November 21st., 19 53

Case No. A-785

ORDER FOR HEARING

This day Margaret Bouic *appeared in open court and filed an application for the* correction of her birth record

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.

NOTICE OF HEARING RECORDED Page .....

"JOHN W. DAILEY" *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Margaret Bouic

Probate Court, Union **County, Ohio**

November 19th., *19* 53

Case No. A-785

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Margaret Bouic *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court Union County, Ohio Vol. 3- Page 24- No. 27 *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of Bertha L. Taylor and Edith Elsom, credible witnesses; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County UNION

(b) Millcreek Twp. (City) (Village) (Township)

(c) Name of hospital or institution: at Home Millcreek Township, Union County, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 14mos. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County UNION

(c) Millcreek Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Bouic (Surname) Margaret (First) (Middle)

4. Date of birth Oct. 31, 1902 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Bouic (Surname) Daniel (First) W. (Middle)

10. Color or race white 11. Age at time of this birth 39 yrs.

12. Birthplace Millcreek Tosnhip (City, town, or county) Union Co. Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Latimer (Surname) Myrtle (First) M. (Middle)

16. Color or race white 17. Age at time of this birth 19 yrs.

18. Birthplace Madison County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? None

(b) How many other children were born alive but are now dead? None

(c) How many children were born dead? None

22. Attending Physician or Midwife:

Name Dr. L. L. Pounds

Address Ostrander, Ohio

M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: Her birth has not been properly recorded in the records of Union County, Record of Births Vol. 3 Page 24 No. 27 that the date of birth should be October 31st., 1902 instead of December 30th., 1902 that the place of birth is Millcreek Township, Union County, Ohio instead of Mill Creek Twp. Union County, Ohio.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(*) "JOHN W. DAILEY" *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.*

..... *, having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? .....

(b) How many other children were born alive but are now dead? .....

(c) How many children were born dead? .....

22. Attending Physician or Midwife:

Name .....

Address .....

M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, ...**County, Ohio**

In the Matter of the.....
of .....

Case No......

APPLICATION

Your applicant respectfully represents that.....*was born in*.....*County, Ohio; that*.....*now resides in* .....*; and that the following are the available facts with relation to*.....*birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County.....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

21. Children born to this mother before this birth:

(a) How many other children of this mother were living?.....

(b) How many other children were born alive but were then dead?.....

(c) How many children were born dead?.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of.....*birth* .....

Your applicant hereby makes application for an order of the Court, directing....., *as provided by law.*

..... *Applicant*

The State of Ohio,.....**County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as.....*verily believes.*

..... *Applicant*

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

..... (Official Title)

AFFIDAVIT

In the Matter of.....
of .....

Probate Court,.....**County, Ohio**

The State of Ohio,.....**County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of*....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

..... (Official Title)

The State of Ohio,.....**County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

..... (Official Title)

The State of Ohio,.....**County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

..... (Official Title)

Probate Court, ...**County, Ohio**

In the Matter of the.....
of .....

..... *19*.....

Case No......

ORDER FOR HEARING

This day .....*appeared in open court and filed an application for the* .....

It is ordered that hearing on said application.....

It is further ordered by The Court that.....*be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page..... ..... *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

Franklin County Case No. 156776

In the Matter of the CORRECTION OF BIRTH RECORD

of Dana Wilbur DeWitt

Probate Court, Union **County, Ohio**

November 21, 19 53

Case No. A-786

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Dana Wilber DeWitt of the applicant *for an order of The Court correcting* the *birth record as it is registered in the office of* Probate Court of Union County, Ohio Birth Record Vol 3 Page 45 No. 86; 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; Ethel M. L. DeWitt Cosgray, mother and Vey O. Stone, neighbor of said applicant, 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. PLA
(a) Cou
(b) .....
(c) Nam
(Hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution — In this community —
(Specify whether years, months, or days)

(City) (Village) (Township)
(d) Street No. ---

3. Full name of child DeWitt (Surname) Dana (First) Wilber (Middle)
4. Date of birth Dec. 7, 1888 (Month) (Day) (Year)
5. Sex Male
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD

9. Full name DeWitt (Surname) Wm. (First) H. (Middle)
10. Color or race W 11. Age at time of this birth 25 yrs.
12. Birthplace Jerome (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....
21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....
Answers must be given as of date of delivery of applicant

MOTHER OF CHILD

15. Full maiden name Landaker (Surname) Ethel (First) May (Middle)
16. Color or race W 17. Age at time of this birth 20 yrs.
18. Birthplace Delaware (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....
22. Attending Physician or Midwife:
Name Dr. Harriot
Address Jerome, Ohio
M. D., midwife, or other .....

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: 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.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

C. P. McClelland *Probate Judge.*
Judge of the Probate Court
of Franklin County, Ohio

JOURNAL ENTRY
BARRETT—656-D

Probate Court, **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of .....

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.*

....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* .....;

.....;

that notice of the hearing on said application has been .....; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution: .....
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)
4. Date of birth ..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy .....
8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business .....
21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....
Answers must be given as of date of delivery of applicant

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business .....
22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Neta Louise Bonnette

Case No. A-787

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 755 Stelzer Road, Columbus 19, 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 (City) (Village) (Township)
(c) Name of hospital or institution:
at home-East 3rd St., Marysville, Ohio (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 18 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Marysville (City) (Village) (Township)
(d) Street No. East Third Street

3. Full name of child Bonnette (Surname) Neta (First) Louise (Middle)

4. Date of birth May 25, 1903 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: Single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Bonnette (Surname) I V (First) (Middle)
10. Color or race white — 11. Age at time of this birth 23 yrs.
12. Birthplace Union County, Ohio (City, town, or county) ..... (State or foreign country)
13. Usual occupation Painter
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Barrick, Malissa Diana (Surname) (First) (Middle)
16. Color or race white — 17. Age at time of this birth 22 yrs.
18. Birthplace Licking County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. P. D. Longbrake
Address Marysville, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of her birth, *as provided by law.*

Neta Louise Bonnette Harmon *Applicant*

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.*

Neta Louise Bonnette Harmon *Applicant*

P. O. Address 755 Stelzer Road, Columbus 19, Ohio

Sworn to before me and signed in my presence this 10th *day of* December *19* 53

(Seal)

Mary Sanders
Deputy-Clerk (Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, I V Bonnette 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.*

I V Bonnette

P. O. Address 755 Stelzer Road, Columbus 19, Ohio

Sworn to before me and signed in my presence this 10th *day of* December *1953.*

(Seal)

Mary Sanders
Deputy-Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, Delilah Leah Wray 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.*

Delilah Leah Wray

P. O. Address 755 Stelzer Road, Columbus 19, Ohio

Sworn to before me and signed in my presence this 10th *day of* December *1953.*

(Seal)

Mary Sanders
Deputy-Clerk (Official Title)

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Neta Louise Bonnette

December 10, *19* 53

Case No. A-787

ORDER FOR HEARING

This day Neta Louise Bonnette *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 that notice of said hearing be dispensed with

It is further ordered by the Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued*

NOTICE OF HEARING RECORDED Page .....

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Neta Louise Bonnette

Probate Court, Union **County, Ohio**

December 10th, *19*53

Case No. A-787

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Neta Louise Bonnette

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 I V Bonnette and Delilah Leah Wray, credible witnesses;

that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution:

at home-East 3rd St., Marysville, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 18 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No East Third Street

3. Full name of child Bonnette (Surname) Neta (First) Louise (Middle)

4. Date of birth May 25, 1903 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet Single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Bonnette I V (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 23 yrs.

12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Painter

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Barrick, Malissa Diana (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Licking County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. P. D. Longbrake

Address Marysville, Ohio

M. D., midwife, or other M. D. Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Lillian Catherine Bonnette

Case No. A-788

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 1546 Livingston Ave. Colum/bus, 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- (City) (Village) Paris Township (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 19 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Union
(b) County Union
(c) Marysville, Ohio Paris Twp. (City) (Village) (Township)
(d) Street No. Ash Street

3. Full name of child Bonnette (Surname) Lillian (First) Catherine (Middle)

4. Date of birth July 27, 1904 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: single — If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9 mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name: Bonnette (Surname) I. (First) V. (Middle)
10. Color or race: white — 11. Age at time of this birth: 24 yrs.
12. Birthplace: Leesburg Township - Union County (City, town, or county) (State or foreign country)
13. Usual occupation: Painting
14. Industry or business: Painter

MOTHER OF CHILD

15. Full maiden name: Barrick (Surname) Malissa (First) Diana (Middle)
16. Color or race: white — 17. Age at time of this birth: 23 yrs.
18. Birthplace: Alexandria, Ohio (City, town, or county) Licking Co. (State or foreign country)
19. Usual occupation: Housewife
20. Industry or business:

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? Two
(b) How many other children were born alive but were then dead? None
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name: P.D.Longbrake
Address: Marysville, Ohio
M. D., midwife, or other: M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing registration of her birth, *as provided by law.*

Lillian Catherine Bonnette Dysart *Applicant*

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 Catherine Bonnette Dysart *Applicant*

P. O. Address 1546 Livingston Ave Columbus, Ohio

Sworn to before me and signed in my presence this 10th. *day of* December *19* 53

(*) Martha Jane Guy- Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(*) .....
(Official Title)

The State of Ohio, Union **County, ss.**

I, I.V.Bonnette 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.*

I.V Bonnette

P. O. Address 755 Stelzer Rd. Columbus, Ohio

Sworn to before me and signed in my presence this 10th. *day of* December *19* 53

(*) MARTHA JANE GUY Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Deliah Leah Wray 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.*

Deliah Leah Wray

P. O. Address 755 Stelzer Rd. Columbus, Ohio

Sworn to before me and signed in my presence this 10th *day of* December *19* 53

(*) Martha Jane Guy Deputy-Clerk
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Lillian Catherine Bonnette

December 10th., *19* 53

Case No. A-788

ORDER FOR HEARING

This day Lillian Catherine Bonnette *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 the notice thereof be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ..... (*) "JOHN W. DAILEY" *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....
22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....
Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Lillian Catherine Bonnette

Probate Court, Union **County, Ohio**

December 10th., *19* 53

Case No. A-788

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lillian Catherine Bonnette
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 I.V.Bonnette father of the applicant and
Deliah Leah Wray Aunt of the applicant ;
that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Marysville, Ohio Paris 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 19 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville, Ohio Paris Township (City) (Village) (Township)
(d) Street No Ash Street

3. Full name of child Bonnette (Surname) Lillian (First) Catherine (Middle)
4. Date of birth July 27th, 1904 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet single If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9 Mo.
8. Mother married? Yes

FATHER OF CHILD
9. Full name Bonnette (Surname) I. (First) V. (Middle)
10. Color or race white 11. Age at time of this birth 24 yrs.
12. Birthplace Leesburg Township Union County (City, town, or county) (State or foreign country)
13. Usual occupation Painting
14. Industry or business Painter

MOTHER OF CHILD
15. Full maiden name Barrick (Surname) Malissa (First) Diana (Middle)
16. Color or race white 17. Age at time of this birth 23 yrs.
18. Birthplace Alexrandia, Ohio-Licking County (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business.....
22. Attending Physician or Midwife:
Name P.D. Longbrake
Address Marysville, Ohio
M. D., midwife, or other M.D. Date signed XXXXXXX

21. Children born to this mother:
(a) How many other children of this mother are now living? Two
(b) How many other children were born alive but are now dead? None
(c) How many children were born dead? None
Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(*) "JOHN W. DAILEY" *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, UNION County, Ohio

In the Matter of the Registration of Birth

of Ella Barthena Stillings

Case No. A-789

APPLICATION

Your applicant respectfully represents that she *was born in* UNION *County, Ohio; that* she *now resides in* village of Marysville *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ..... (City) Allen Township (Village) (Township)

(c) Name of hospital or institution: Allen Township R.R, Marysville, Ohio
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community all life
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ..... (City) Allen Township (Village) (Township)

(d) Street No. .....

3. Full name of child Stillings (Surname) Ella (First) Barthema (Middle)

4. Date of birth April 25th. 1913 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 Mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Stillings (Surname) Winton (First) (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Fenner (Surname) Lois (First) L. (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? Four
(b) How many other children were born alive but were then dead? Three
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name Dr Burson
Address Irwin, Ohio
.....
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded birth

Your applicant hereby makes application for an order of the Court, directing the registration of her/ *, as provided by law.*

Ella Barthena Stillings Herre *Applicant*

The State of Ohio, UNION **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Ella Barthena Stillings *Applicant*

P. O. Address 738 West Fourth Street Marysville, Ohio

Sworn to before me and signed in my presence this 21st. *day of* January *19* 54.

(*).

Todd Hoopes

Notary Public State of Ohio
(Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, UNION **County, ss.**

I, Vinton Stillings father of Ella Bartena Stillings *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Vinton Stillings

P. O. Address 176 Elwood Ave. Marysville, Ohio

Sworn to before me and signed in my presence this 1st. *day of* February *19* 54.

(*)

JOHN W. Dailey

Probate Judge
(Official Title)

The State of Ohio, UNION **County, ss.**

I, Lois I. Stillings Mother of Ella Bartena Stillings *, do hereby certify that 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 L. Stillings

P. O. Address 176 Elwood Avenue Marysville, Ohio

Sworn to before me and signed in my presence this 1st. *day of* February *19* 54.

(*)

John W.Dailey

Probate Judge
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth

of Ella Barthena Stillings

February 1st., *19* 54

Case No. A-789

ORDER FOR HEARING

This day Ella Barthena Stillings *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

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page (*)

"JOHN W. DAILEY"

Probate Judge.

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, UNION **County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Ella Barthena Stillings

Probate Court, UNION **County, Ohio**

February 1st., *19* 54

Case No. A-789

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Ella Barthena Stillings

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 Vinton Stillings and Lois I. Stillings father and mother of the applicant two credible witnesses ; *that notice of the hearing on said application has been* dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Allen Township (City) (Village) (Township)

(c) Name of hospital or institution:

Allen Township R.R.Marysville,Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community all life (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Allen Township (City) (Village) (Township)

(d) Street No.....

3. Full name of child Stillings Ella Barthena Surname First Middle

4. Date of birth April 25th.1913 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mo.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Stillings Vinton Surname First Middle

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Fenner Lois L. Surname First Middle

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

22. Attending Physician or Midwife:

Name Dr.Burson

Address Irwin, Ohio

.....

M. D., midwife, or other..... Date signed.....

21. Children born to this mother:

(a) How many other children of this mother are now living? four

(b) How many other children were born alive but are now dead? three

(c) How many children were born dead? None

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(*) "JOHN W. DAILEY" *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, UNION **County, Ohio**

In the Matter of the registration of birth *of* Mary Louise Stillings

Case No. A-790

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* village of Marysville, Ohio *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) (City) ..... (Village) Allen Township (Township)
(c) Name of hospital or institution: Allen Township R.R. Marusville, 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 all life
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) (City) ..... (Village) , Allen Township (Township)
(d) Street No. .....

3. Full name of child Stillings (Surname) Mary Louise (First, Middle)
4. Date of birth Feb. 18, 1915 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy 9 mo.
8. Mother married? Yes

FATHER OF CHILD
9. Full name Stillings (Surname) Vinton (First) (Middle)
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Fenner (Surname) Lois (First) L. (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? four
(b) How many other children were born alive but were then dead? three
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name Dr. Burson
Address Irwin, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded *birth*

Your applicant hereby makes application for an order of the Court, directing the registration of her/ Mary Louise Stillings *, 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.*

Mary Louise Stillings Oberdier *Applicant*

P. O. Address 422 Milford Center, Ohio

Sworn to before me and signed in my presence this 27th. *day of* January *19* 54

(*) Todd Hoopes
Notary Public, State of Ohio
(Official Title)

AFFIDAVIT

In the Matter of ..... **Probate Court,** ..... **County, Ohio**
of .....

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(*) .....
(Official Title)

.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, Vinton Stillings Father of Mary Louise Stillings *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Vinton Stillings

P. O. Address 176 Elwood Avenue Marysville, Ohio

Sworn to before me and signed in my presence this 1st. *day of* February *19* 54

John W. Dailey
(*). Probate Judge
(Official Title)

The State of Ohio, UNION **County, ss.**

I, Lois L. Stillings father of Mary Louise Stillings *, do hereby certify that 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 L. Stillings

P. O. Address 176 Elwood Avenue, Marysville, Ohio

Sworn to before me and signed in my presence this 1st *day of* February *19* 54

JOHN W. DAILEY
(*) PROBATE JUDGE
(Official Title)

Probate Court, UNION **County, Ohio**

In the Matter of the Registration of Birth *of* Mary Louise Stillings

Fenruary 1st., 1954

Case No. A-790

ORDER FOR HEARING

This day Mary Louise Stillings *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 Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

(*) "John W. Dailey" *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, UNION **County, Ohio**

February 1st., *19* 54

Case No. A-790

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of .....

for an order of The Court correcting .....*birth record, as it is registered in the office of* .....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by* .....

.....;

that notice of the hearing on said application has been .....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Mary Louise Stillings

Probate Court, UNION **County, Ohio**

February 1st., *19* 54

Case No. A-790

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Mary Louise Stillings

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 Vinton Stillings and Lois F. Stillings father and mother of the said applicant.;

that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Allen Township (City) (Village) (Township)

(c) Name of hospital or institution:

Allen Township R.R. Marysville, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community all life (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Allen Township (City) (Village) (Township)

(d) Street No.

3. Full name of child Stillings Mary Louise (Surname First Middle)

4. Date of birth Feb. 18th., 1915 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 Mo.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Stillings Vinton (Surname First Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Farmer

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Fenner Lois L. (Surname First Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living? four

(b) How many other children were born alive but are now dead? three

(c) How many children were born dead? None

22. Attending Physician or Midwife:

Name Dr. Burson

Address Irwin, Ohio

.....

M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(*)

"JOHN W. DAILEY" *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, ...County, Ohio

In the Matter of the.....
of .....

Case No.....

APPLICATION

Your applicant respectfully represents that.....was born in.....County, Ohio; that.....now resides in .....; and that the following are the available facts with relation to.....birth as of the date of delivery:

1. PLACE OF BIRTH:

(a) County.....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living?.....
(b) How many other children were born alive but were then dead?.....
(c) How many children were born dead?.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of.....birth .....

Your applicant hereby makes application for an order of the Court, directing....., as provided by law.

..... *Applicant*

The State of Ohio,.....County.

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as.....verily believes.

..... *Applicant*

P. O. Address.....

Sworn to before me and signed in my presence this.....day of.....19.....

.....

..... (Official Title)

AFFIDAVIT

In the Matter of.....
of .....

Probate Court,.....County, Ohio

The State of Ohio,.....County, ss.

I, ..., do hereby certify that I was the physician in attendance at the birth of....., the applicant herein, and that the facts stated in the application are true, as I verily believe.

..... *Attending Physician*

P. O. Address.....

Sworn to before me and signed in my presence this.....day of.....19.....

.....

..... (Official Title)

The State of Ohio,.....County, ss.

I, ..., do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....day of.....19.....

.....

..... (Official Title)

The State of Ohio,.....County, ss.

I, ..., do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....day of.....19.....

.....

..... (Official Title)

Probate Court, ...County, Ohio

In the Matter of the.....
of .....

.....19.....

Case No.....

ORDER FOR HEARING

This day .....appeared in open court and filed an application for the .....

It is ordered that hearing on said application.....

It is further ordered by The Court that.....be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.

NOTICE OF HEARING RECORDED Page..... ..... *Probate Judge.*

JOURNAL ENTRY No. 20798 Doc. 7 Page 505

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Charles Raymond Gorden

Probate Court, Delaware **County, Ohio**

March 22 *19*54

Case No. A-791

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Charles Raymond Gorden *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court, Union County, Ohio The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of C. W. Gorden and Tilla G. McKitrick, persons having knowledge of the facts ; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Jerome (City) (Village) (Township)

(c) Name of hospital or institution: at home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jerome (City) (Village) (Township)

(d) Street No. .....

3. Full name of child: Gorden (Surname) Charles (First) Raymond (Middle)

4. Date of birth: Feb. 11, 1891 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Gorden (Surname) Stephen (First) Thomas (Middle)

10. Color or race: white 11. Age at time of this birth .....yrs.

12. Birthplace: Union Co. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: Carpenter

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name: Marshall (Surname) Julia (First) (Middle)

16. Color or race: white 17. Age at time of this birth .....yrs.

18. Birthplace: Union Co. (City, town, or county) ..... (State or foreign country)

19. Usual occupation: Housewife

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? 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 unknown

Address .....

M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: name is recorded as "Charles M. Gorden" to be corrected to "Charles Raymond Gorden"; father's name recorded as "Stephen T. Garan" to be corrected to "Stepeh T. Gorden" in Vol. 3, page 73 birth records of Union County, Ohio

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

Paul W. Barrett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ...**County, Ohio**

19.....

Case No......

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* .....*birth.* ....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth .....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth .....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? .....

(b) How many other children were born alive but are now dead? .....

(c) How many children were born dead? .....

22. Attending Physician or Midwife:

Name .....

Address .....

M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Joan Craig

Case No. A-792

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Route #2, Richwood, 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) Claibourne Township
(City) (Village) (Township)

(c) Name of hospital or institution:
at home-Claibourne Twp., Union Co. Ohio
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community 1 yr.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne Township
(City) (Village) (Township)

(d) Street No. .....

3. Full name of child Craig (Surname) Joan (First) (Middle)

4. Date of birth July 8, 1937 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet Single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Craig, Elza Simion (Surname) (First) (Middle)

10. Color or race white — 11. Age at time of this birth 28 yrs.

12. Birthplace Putman County, West Va. (City, town, or county) (State or foreign country)

13. Usual occupation Farm hand

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Tucker, Minerva Jane (Surname) (First) (Middle)

16. Color or race white — 17. Age at time of this birth 30 yrs.

18. Birthplace Putman County, West Va. (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? five
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Rufas Freneyfrock
Address Prospect, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth .....*

Your applicant hereby makes application for an order of the Court, directing registration of her birth, *as provided by law.*

Joan Craig *Applicant*

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.*

Joan Craig *Applicant*

P. O. Address Route #2, Richwood, Ohio

Sworn to before me and signed in my presence this 14th *day of* April *19* 54.

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Elza Simion Craig, 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.*

Elza Simion Craig

P. O. Address Route #2, Richwood, Ohio

Sworn to before me and signed in my presence this 14th *day of* April *19* 54.

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Minerva Jane Craig, 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.*

Minerva Jane (her X Mark) Craig

P. O. Address Route #2, Richwood, Ohio

Sworn to before me and signed in my presence this 14th *day of* April *19* 54

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Joan Craig

April 14, *19* 54

Case No. A-792

ORDER FOR HEARING

This day Joan Craig *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 that notice of said hearing be dispensed with. It is further ordered by The Court that ..... be and he/she is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.

NOTICE OF HEARING RECORDED Page .....

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Joan Craig

Probate Court, Union **County, Ohio**

April 14, *19* 54

Case No. A-792

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Joan 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 Elza Simion Craig and Minerva Jane Craig, credible witnesses;
that notice of the hearing on said application has been dispensed with*; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Claibourne Township (City) (Village) (Township)
(c) Name of hospital or institution:
at home-Claibourne Twp., Union Co. Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 1 yr.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Claibourne Township
(c) ..... (City) (Village) (Township)
(d) Street No.....

3. Full name of child Craig Joan
Surname First Middle

4. Date of birth July 8, 1937
(Month) (Day) (Year)

5. Sex Female

6. Twin or triplet Single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? July 8, 1937

FATHER OF CHILD

9. Full name Craig, Elza Simion
Surname First Middle
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Putman County, West Va.
(City, town, or county) (State or foreign country)
13. Usual occupation Farm hand
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Tucker, Minerva Jane
Surname First Middle
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Putman County, West Va.
(City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living? Five
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Rufas Freneyfrock
Address Prospect, Ohio
.....
M. D., midwife, or other M.D. Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth

of Linda Lou Neill

Case No. A-793

APPLICATION

Your applicant respectfully represents that she *was born in* Union County, *Ohio; that* she *now resides in* Millcreek Township, Union/ *; 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 (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 1 yr. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville, Millcreek Twp. (City) (Village) (Township)

(d) Street No. Route # 2

3. Full name of child Neill (Surname) Linda (First) Lou (Middle)

4. Date of birth March 31st. 1951 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Neill (Surname) Richard (First) Dean (Middle)

10. Color or race white — 11. Age at time of this birth 22 yrs.

12. Birthplace Marysville, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business General Farming

MOTHER OF CHILD

15. Full maiden name Bailey (Surname) Norma (First) Corine (Middle)

16. Color or race white — 17. Age at time of this birth 18 yrs.

18. Birthplace Westerville (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 W.H.Lee

Address Plain City, Ohio

M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* was not properly recorded by W.H.Lee that he made it out March 31st., 1931 and the birth record should read corrected March 31st.1951

Your applicant hereby makes application for an order of the Court, directing correction of birth *, as provided by law.*

Linda Lou Neill by Norma C. Neill- Mother of ...../ *Applicant*

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.*

Linda Lou Neill by mother Norma C. Neill *Applicant*

P. O. Address Route # 2-Marysville, Ohio

Sworn to before me and signed in my presence this 17th. *day of* June *19* 54

John W. Dailey-Judge

(*) by Martha Jane Guy-Deputy Clerk (Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, Union County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

..... (Official Title)

(*)

The State of Ohio, Union **County, ss.**

I, Richard Dean Neill father of the applicant *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Richard Dean Neill

P. O. Address Route # 2 Marysville, Ohio

Sworn to before me and signed in my presence this 17th. *day of* June *19* 54

Martha Jane Guy

(*) Deputy Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, Norma Corine Neill 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.*

Norma Corine Neill

P. O. Address Route # 2. Marysville, Ohio

Sworn to before me and signed in my presence this 17th. *day of* June *19* 54

Martha Jane Guy

(*) Deputy Clerk (Official Title)

Probate Court, UNION County, Ohio

In the Matter of the Correction of Birth

of Linda Lou Neill

June 17th., 19 54

Case No. A-793

ORDER FOR HEARING

This day Linda Lou Neill *appeared in open court and filed an application for the* correction of her birth was not properly recorded by W.H.Lee M.D. and that he made out the birth record reading March 31st.1931 and it should have read corrected, March 31st.1951.

It is ordered that hearing on said application /

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

"JOHN W. DAILEY" *Probate Judge.*

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JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Linda Lou Neill

Probate Court, Union **County, Ohio**

June 17th., *19* 54

Case No. A-793

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Linda Lou Neill *for an order of The Court correcting* her *birth record, as it is registered in the office of* Department of Vital Statistics State Department of Health-Columbus, Ohio The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the father Richard Dean Neill and mother Norma Corine Neill two credible witnesses ; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County UNION

(b) Millcreek 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 1 yr. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville, Millcreek Township (City) (Village) (Township)

(d) Street No. Route # 2

3. Full name of child Neill (Surname) Linda (First) Lou (Middle)

4. Date of birth March 31st. 1951 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Neill (Surname) Richard (First) Dean (Middle)

10. Color or race white 11. Age at time of this birth 22 yrs.

12. Birthplace Marysville, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business General Farming

MOTHER OF CHILD

15. Full maiden name Bailey (Surname) Norma (First) Corine (Middle)

16. Color or race white 17. Age at time of this birth 18 yrs.

18. Birthplace Westerville, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living? None
(b) How many other children were born alive but are now dead? None
(c) How many children were born dead? None
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name W.H.Lee
Address Plain City, Ohio
M. D., midwife, or other M.D.

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:
In that her birth was not properly recorded by W.H.Lee M.D. that he made it out the birth record reading March 31st., 1931 and the birth record should be corrected as March 31st., 1951. Reg .No. 120607. Reg. Dis. 5968. Birth No.134.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(*) JOHN W. DAILEY *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.* ....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, UNION County, Ohio

In the Matter of the Registration of

of Lucille Faye Ellis

Case No. A-794

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 5243 Fortune Drive-Toledo, 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 (City) Dover Tpwnship (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 17 yrs.

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) New Dover- Dover Township (City) (Village) (Township)

(d) Street No. R.F.D.

3. Full name of child Ellis (Surname) Lucille (First) Faye (Middle)

4. Date of birth Nov. 14th, 1909 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet Twin If so—born 1st, 2d, or 3d 1st.

7. Number months of pregnancy 9 mo.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Ellis (Surname) Henry Brnjamin (First) (Middle)

10. Color or race white 11. Age at time of this birth 29- yrs.

12. Birthplace Columbus, Ohio (City, town, or county) Franklin County (State or foreign country)

13. Usual occupation Day Laborer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Barr (Surname) Lucinda (First) (Middle)

16. Color or race white 17. Age at time of this birth 28 yrs.

18. Birthplace Magnetic Springs-Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? Three

(b) How many other children were born alive but were then dead? One

(c) How many children were born dead? None

22. Attending Physician or Midwife:

Name Dr. A. D. Swisher

Address West Sixth Street, Marysville, Ohio

M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* that 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.*

Lucille Faye Ellis Mohn *Applicant*

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.

Lucille Faye Ellis Mohn *Applicant*

P. O. Address 5243 Fortune Drive-Toledo, Ohio

Sworn to before me and signed in my presence this 29th. *day of* June *19* 54.

Martha Jane Guy

(*) Deputy Clerk (Official Title)

AFFIDAVIT

In the Matter of ..... **Probate Court,** ..... **County, Ohio**

of .....

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, UNION **County, ss.**

I, Henry Benjamin Ellis 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.*

Henry Benjamin Ellis

P. O. Address Route # 3-Marysville, Ohio

Sworn to before me and signed in my presence this 29th. *day of* June *19* 54.

Martha Jane Guy

(*) Deputy Clerk (Official Title)

The State of Ohio, UNION **County, ss.**

I, J. H. Gay neighbor of the vicinity *, do hereby certify that 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. Gay

P. O. Address Route # 3 Marysville, Ohio

Sworn to before me and signed in my presence this 29th. *day of* June *19* 54.

Martha Jane Guy

(*). Deputy Clerk (Official Title)

Probate Court, UNION **County, Ohio**

In the Matter of the Registration of Birth

of Lucille Faye Ellis

June 30th., *19* 54

Case No. A-794

ORDER FOR HEARING

This day Lucille Faye Ellis *appeared in open court and filed an application for the* registration of her birth *with*

It is ordered that hearing on said application be had forthwith and that notice of the said hearing be dispensed/

It is further ordered by The Court that ~~XXXX

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Lucille Faye Ellis

Probate Court, UNION **County, Ohio**

June 30th., *19* 54

Case No. A-794

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lucille Faye Ellis
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 Henry Benjamin Ellis, father of the applicant and J.H.Gay a neighbor of the vincinity, 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) New Dover-Dover 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 17 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) New Dover-Dover Township (City) (Village) (Township)
(d) Street No. R.F.D.

3. Full name of child Ellis Lucille Faye (Surname First Middle)
4. Date of birth Nov. 14th. 1909 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet Twin If so—born 1st, 2d, or 3d 1st
7. Number months of pregnancy 9
8. Mother married? Yes

FATHER OF CHILD
9. Full name Ellis Henry Benjamin (Surname First Middle)
10. Color or race white 11. Age at time of this birth 29 yrs.
12. Birthplace Columbus, Ohio (City, town, or county) Franklin County (State or foreign country)
13. Usual occupation Day Laborer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Barr Lucinda (Surname First Middle)
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Magnetic Springs, (City, town, or county) Union County, Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living? Three
(b) How many other children were born alive but are now dead? One
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name Dr. A.D.Swisher
Address West Sixth Street
Marysville, Ohio
M. D., midwife, or other M.D. Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

JOHN W. DAILEY *Probate Judge.*

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MARTHA JANE GUY
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, UNION County, Ohio

In the Matter of the Registration of Birth
of Cary Benjamin Homsher

Case No. A-795

APPLICATION

Your applicant respectfully represents that he *was born in* Madison *County, Ohio; that* he *now resides in* Milford Center, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Madison

(b) Darby
(City) (Village) (Township)

(c) Name of hospital or institution: At Home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community life
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Madison

(c) Darby
(City) (Village) (Township)

(d) Street No. R.F.D.Plain City, Ohio

3. Full name of child Homsher (Surname) Cary (First) Benjamin (Middle)

4. Date of birth 4-24-1892 (Month) (Day) (Year)

5. Sex M

6. Twin or triplet single If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Homsher (Surname) Benjamin (First) Lawrence (Middle)

10. Color or race White 11. Age at time of this birth 37 yrs.

12. Birthplace Lancaster Pa.
(City, town, or county) (State or foreign country)

13. Usual occupation Farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Miller, Lenora (Surname) Zorella (First) (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Delaware County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Charles McCune
Address Unionville Center, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded- said birth is not recorded in Madison County,

Your applicant hereby makes application for an order of the Court, directing registration of his birth *, as provided by law.*

Carey Benjamin Homsher *Applicant*

The State of Ohio, UNION **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Cary Benjamin Homsher *Applicant*

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 6th. *day of* July *19* 54

William L. Coleman

William L. Coleman-Notary Public State of Ohio Comm.ex.
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, UNION **County, ss.**

I, LeNora Zorella Homsher 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 Zorella Homsher

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 6th. *day of* July *19* 54

William L. Coleman

Notary Public St. of Ohio
(Official Title)

The State of Ohio, UNION **County, ss.**

I, Mary Bailey 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 E. Bailey

P. O. Address Unionville Center, Ohio

Sworn to before me and signed in my presence this 6th. *day of* July *19* 54

William L. Coleman

William L. Coleman, Notary Public
(Official Title)

Probate Court, UNION **County, Ohio**

In the Matter of the Registration of Birth
of Cary Benjamin Homsher

Btate of Ohio

July 6th., *19* 54

Case No. A-795

ORDER FOR HEARING

This day Cary Benjamin Homsher *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application he had forthwith and that notice thereof be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

"JOHN W. DAILEY" *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....
22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....
Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Car Benjamin Homsher

Probate Court, UNION **County, Ohio**

July 6th., *19* 54

Case No. A-795

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Cary Benjamin Homsher
for an order of The Court directing the registration of 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 Zorella Homsher mother of the applicant and Mary Bailey Aunt of the applicant two credible witnesses;
that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Madison
(b) Darby (City) (Village) (Township)
(c) Name of hospital or institution:
at home (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community life time (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Madison
(c) Darby (City) (Village) (Township)
(d) Street No R.F.D.Plain City, Ohio

3. Full name of child Homsher (Surname) Cary (First) Benjamin (Middle)
4. Date of birth 4-24-1892 (Month) (Day) (Year)
5. Sex M
6. Twin or triplet single If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9
8. Mother married? Yes

FATHER OF CHILD
9. Full name Homsher (Surname) Benjamin Lawrence (First) (Middle)
10. Color or race white 11. Age at time of this birth 37 yrs.
12. Birthplace Lancaster (City, town, or county) Pennsylvania (State or foreign country)
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Miller (Surname) Lenora (First) Zorella (Middle)
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Delaware County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business.....
22. Attending Physician or Midwife:
Name Dr. Charles McCune
Address Unionville Center, Ohio
M. D., midwife, or other M.D. Date signed.....

21. Children born to this mother:
(a) How many other children of this mother are now living? 2
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0
Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(*) JOHN W. DAILEY *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Bertie Blinn Snider

Case No. A-796

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 2306 Myrtle St., Oakland, California, *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Village of Marysville
(City) (Village) (Township)
(c) Name of hospital or institution: 119 W. 4th St.
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution none In this community 14 years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Village of Marysville
(City) (Village) (Township)
(d) Street No. 119 W. 4th St.

3. Full name of child Snider (Surname) Bertie (First) Blinn (Middle)

4. Date of birth May 13, 1891 (Month) (Day) (Year)

5. Sex: female

6. Twin or triplet: no — If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9 months

8. Mother married? yes

FATHER OF CHILD

9. Full name Snider (Surname) Charles (First) William (Middle)
10. Color or race white 11. Age at time of this birth 41 yrs.
12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation
14. Industry or business dry goods merchant

MOTHER OF CHILD

15. Full maiden name Bowersmith (Surname) Susan (First) Emma (Middle)
16. Color or race white 17. Age at time of this birth 35 yrs.
18. Birthplace Celaware County Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 3
(b) How many other children were born alive but were then dead? 3
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Swisher
Address W. 6th St.
Marysville, O.
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of 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.*

Bertie Blinn 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.*

Bertie Blinn Snider *Applicant*
P. O. Address 2306 Myrtle St., Oakland, Calif.

Sworn to before me and signed in my presence this 13th *day of* July *19* 54

(Notary Seal)

Todd Hoopes
Todd Hoopes, Notary Public, State of Ohio
My Com. expires 3/25/57
(Official Title)

AFFIDAVIT

In the Matter of
of

Probate Court, **County, Ohio**

The State of Ohio, **County, ss.**

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address

Sworn to before me and signed in my presence this *day of* *19*

(Official Title)

The State of Ohio, Union **County, ss.**

I, Ella Hopkins no relation to applicant *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Ella J. Hopkins
P. O. Address Almont Bldg, N. Main St., Marysville, O.

Sworn to before me and signed in my presence this 13th *day of* July *19* 54

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Rose Saygrover no relation to applicant *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Rose Saygrover
P. O. Address E. 4th St., Marysville, O.

Sworn to before me and signed in my presence this 13th *day of* July *19* 54

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

Probate Court, Union **County, Ohio**
In the Matter of the Registration of Birth
of Bertie Blinn Snider

July 13, 1954

Case No. A-796

ORDER FOR HEARING

This day Bertie Blinn 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 that the notice thereof be dispensed with

It is further ordered by The Court that xxxx

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Bertie Blinn Snider

Probate Court, Union **County, Ohio**

July 13, *19*54

Case No. A-796

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Bertie Blinn 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 Ella Hopkins and Rose Saygrover, credible witnesses, ;
that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Village of Marysville (City) (Village) (Township)
(c) Name of hospital or institution:
119 W. 4th St. (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution none In this community 14 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Village of Marysville (City) (Village) (Township)
(d) Street No. 119 W. 4th St.

3. Full name of child Snider (Surname) Bertie (First) Blinn (Middle)

4. Date of birth May 13, 1891 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet no If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 months

8. Mother married? yes

FATHER OF CHILD

9. Full name Snider (Surname) Charles (First) William (Middle)
10. Color or race white 11. Age at time of this birth 41 yrs.
12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation .....
14. Industry or business dry goods merchant

MOTHER OF CHILD

15. Full maiden name Bowersmith (Surname) Susan (First) Emma (Middle)
16. Color or race white 17. Age at time of this birth 35 yrs.
18. Birthplace Delaware County, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? 3
(b) How many other children were born alive but are now dead? 3
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Swisher
Address W. 6th St.
Marysville, Ohio
M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, UNION **County, Ohio**

In the Matter of the Correction of Birth
of Mona Georga Hanawalt

Case No. A-797

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 3820 15th.Ave.South St. St.Petersburgmflorida *; 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 Tpwnship (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 All her life In this community (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Watkins (City) Millcreek Township (Village) (Township)
(d) Street No. R.F.D.

3. Full name of child Hanawalt (Surname) Mona (First) Georga (Middle)
4. Date of birth Nov.17th.,1889 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet single If so—born 1st, 2d, or 3d
7. Number months of pregnancy 9 mos.
8. Mother married? Yes

FATHER OF CHILD

9. Full name Hanawalt George (Surname) (First) (Middle)
10. Color or race white 11. Age at time of this birth 37 yrs.
12. Birthplace Watkins, Ohio Union Co. (City, town, or county) (State or foreign country)
13. Usual occupation Storekeeper
14. Industry or business Genaral Marchandise

MOTHER OF CHILD

15. Full maiden name Baughman Ester N. (Surname) (First) (Middle)
16. Color or race white 17. Age at time of this birth 36 yrs.
18. Birthplace Millcreek Township Union Co. (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business Housekeeping

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 5
(b) How many other children were born alive but were then dead? None
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name T.P.Scheilds
Address Watkins, Ohio
M.D. midwife, or other M.D.

Your applicant further represents that the registration of her birth. that her birth was not properly recorded in the Records of the Probate Court of Union County, Ohio in Rec. of Birth Vol.3 Page 83 No. 183. that the date should be Nov. 17th., 1889 instead of Nov. 27th., 1889 and that the first name should be Mona instead of Minnie and that the mother Is first hame was omitted and should read Esther N. Baughman.

Mona Georga Hanawalt Welch-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.*

Mona Georga Hanawalt Welch *Applicant*
P. O. Address 3820 15th.Ave South St.Petersburg Florida

Sworn to before me and signed in my presence this 30th. *day of* July *19* 54

(*) Martha Jane Guy
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of
of

Probate Court, **County, Ohio**

The State of Ohio, **County, ss.**

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address

Sworn to before me and signed in my presence this *day of* *19*

(Official Title)

The State of Ohio, UNION **County, ss.**

I, Charles Owen neighbor in 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.*

Charles Owen
P. O. Address Route # 2-Marysville, Ohio
Sworn to before me and signed in my presence this 30th. *day of* July *19* 54
Martha Jane Guy
(*) Deputy Clerk
(Official Title)

The State of Ohio, UNION **County, ss.**

I, Myrtle Owen neighbor in 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.*

Myrtle Owen
P. O. Address Route # 2 Marysville, Ohio
Sworn to before me and signed in my presence this 30th. *day of* July *19* 54
Martha Jane Guy
(*) Deputy Clerk
(Official Title)

Probate Court, **County, Ohio**

In the Matter of the
of

19

Case No.

ORDER FOR HEARING

This day *appeared in open court and filed an application for the*

It is ordered that hearing on said application

It is further ordered by The Court that *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Mona Georga Hanawalt

Probate Court, UNION **County, Ohio**

July 30th., *19* 54

Case No. A-797

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Mona Georga Hanawalt *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court Union County Ohio Vol. 3 Page 83- No. 183 The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* Charles Owen and Myrtle Owen neighbors that lived in the vincinity, two credible witnesses ; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Millcreek 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 All her life (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Watkins Millcreek Township (City) (Village) (Township)
(d) Street No. R.F.D.

3. Full name of child Hanawalt (Surname) Mona (First) Georga (Middle)
4. Date of birth Nov. 17th. 1889 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet single If so—born 1st, 2d, or 3d
7. Number months of pregnancy 9 mo.
8. Mother married? Yes

FATHER OF CHILD
9. Full name Hanawalt (Surname) George (First) (Middle)
10. Color or race white 11. Age at time of this birth 37 yrs.
12. Birthplace Watkins Ohio (City, town, or county) Union County (State or foreign country)
13. Usual occupation Storekeeper
14. Industry or business General Merchandise

MOTHER OF CHILD
15. Full maiden name Baughman, (Surname) Esther (First) N. (Middle)
16. Color or race White 17. Age at time of this birth 36 yrs.
18. Birthplace Millcreek Township-Union Co. (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business Housekeeping

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 T.P.Scheilds
Address Watkins, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that her birth has not been properly recorded in the Records of Births in the Probate Court of Union County, Ohio In Rec. of Births Vol. 3. Page 83. No.183 that the date should read Nov.17th., 1889 instead of November 27th., 1889 and that the first name should be Mona instead of Minnie and that the mother's first name was omitted and it should read Esther N. Baughman.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(*) "JOHN W. DAILEY" *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.*

....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery: In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)
4. Date of birth ..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy .....
8. Mother married? .....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth
of Ernest G. Emmert

Case No. A- 798

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 808 Broad St. Dayton, Ohio *; and that the following are the available facts with relation to* HIS *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County UNION
(b) Marysville
(City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ... In this community ...
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville, Ohio
(City) (Village) (Township)
(d) Street No.

3. Full name of child: Emmert (Surname) Ernest (First) G. (Middle)
4. Date of birth 3/6/1907 (Month) (Day) (Year)
5. Sex M
6. Twin or triplet single — If so—born 1st, 2d, or 3d
7. Number months of pregnancy 9
8. Mother married? Yes

FATHER OF CHILD
9. Full name Emmert (Surname) E. (First) A. (Middle)
10. Color or race white 11. Age at time of this birth ... yrs.
12. Birthplace Marysville (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Banker
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Sammler (Surname) Elizabeth (First) A. (Middle)
16. Color or race white 17. Age at time of this birth ... yrs.
18. Birthplace Marysville (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 3
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name
Address
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly recorded in Vol. 3 Page 59 of the records of births at Marysville, Ohio. The record shows he was born March 16, 1907 and the records should read March 6, 1907

Your applicant hereby makes application for an order of the Court, directing correction of his birth *, as provided by law.*

Ernest G. Emmert *Applicant*

The State of 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 G. Emmert *Applicant*

P. O. Address

Sworn to before me and signed in my presence this 10th *day of* July *19* 54.

(*) William L. Coleman

William L. Coleman, Notary Public State of Ohio
(Official Title)

AFFIDAVIT

In the Matter of ... **Probate Court,** ... **County, Ohio**
of ...

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ..., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this ... *day of* ... *19* ....

(*) ...
(Official Title)

The State of Ohio, UNION **County, ss.**

I, Louise Emmert 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.*

Louise Emmert

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 20th. *day of* August *19* 54

(*) William L. Coleman
Notary Public State of Ohio
(Official Title)

The State of Ohio, UNION **County, ss.**

I, Bertha Sammler Aunt, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Bertha Sammler

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 20th. *day of* August *19* 54

William L. Coleman

(*) Notary Public State of Ohio
(Official Title)

Probate Court, UNION **County, Ohio**

In the Matter of the correction of Birth
of Ernest G. Emmert

August 20th., *19* 54

Case No. A-798

ORDER FOR HEARING

This day Ernest G. Emmert *appeared in open court and filed an application for the* correction of his birth

It is ordered that hearing on said application he had forthwith and that the notice thereof be dispensed with ~~xxxx

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Ernest G. Emmert

Probate Court, UNION County, Ohio

August 20th., 19 54

Case No. A-798

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Ernest G. Emmert *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court Union County, Ohio *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* Bertha Sammler Aunt and Louise Emmert Aunt bother of the said persons having knowledge of the facts; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Marysville (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(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 Emmert (Surname) Ernest (First) G. (Middle)
4. Date of birth 3/6/1907 (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet single If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy 9
8. Mother married? Yes

FATHER OF CHILD
9. Full name Emmert E.A. (Surname) (First) (Middle)
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Marysville, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Banker
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Sammler (Surname) Elizabeth (First) A. (Middle)
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Marysville, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....
22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other .....

21. Children born to this mother:
(a) How many other children of this mother are now living? 3
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0
Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:
Date of his birth shows March 16th., 1907 and should read March 6th., as recorded in Volume 3, Page 59 No.84 Records of Birth Union County, Ohio

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(*) "JOHN W. DAILEY" *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... County, Ohio

..... 19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... for an order of The Court directing the registration of ..... birth. ....., having personally examined the applicant in open court, finds that the facts stated in the application are supported by ..... ; that notice of the hearing on said application has been ..... ; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)
4. Date of birth ..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy .....
8. Mother married? .....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business .....
22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....
Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, UNION **County, Ohio**

In the Matter of the Registration of Birth
of Clyde Emerson Converse

Case No. A-799

APPLICATION

Your applicant respectfully represents that he *was born in* Darby Twp.Union *County, Ohio; that* he *now resides in* 1933 Sale Rd-Columbus,Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County UNION
(b) Darby 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 12 years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Darby Township
(City) (Village) (Township)
(d) Street No. R.F.D.Irwin, Ohio

3. Full name of child: Converse (Surname) Clyde (First) Emerson (Middle)

4. Date of birth: May 5th/.1901 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: single

If so—born 1st, 2d, or 3d:

7. Number months of pregnancy: 9 mo.

8. Mother married? Yes

FATHER OF CHILD

9. Full name: Converse (Surname) Lee (First) Clyde (Middle)
10. Color or race: white 11. Age at time of this birth: 30 yrs.
12. Birthplace: Plain City,Ohio (City, town, or county) Madison County (State or foreign country)
13. Usual occupation: Laborer
14. Industry or business: Farm Helper

MOTHER OF CHILD

15. Full maiden name: Temple (Surname) Nettie Louise (First) (Middle)
16. Color or race: white 17. Age at time of this birth: 18 yrs.
18. Birthplace: Darby Township (City, town, or county) Madison Co. (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. Burson
Address Irwin, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration of his birth *, as provided by law.*

Clyde Emerson Converse *Applicant*

The State of 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 Emerson Converse *Applicant*
P. O. Address 1933 Sale Rd/ Columbus, 11, Ohio

Sworn to before me and signed in my presence this 26th. *day of* August *19* 54

(*) MARTHA JANE GUY
DEPUTY-CLERK
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, UNION **County, ss.**

I, Nettie Louise Temple mpther 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.*

Nettie Louise Converse
P. O. Address 2082 N. 4th.St. Columbus, Ohio

Sworn to before me and signed in my presence this 26th. *day of* August *19* 54

Martha Jane Guy
(*) Deputy-Clerk
(Official Title)

The State of Ohio, UNION **County, ss.**

I, Harry C. Converse uncle 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.*

Harry C. Converse
P. O. Address 250 W. 7th. Street Marysville,Ohio

Sworn to before me and signed in my presence this 26th. *day of* August *19* 54

MARTHA JANE GUY
(*) Deputy-Clerk
(Official Title)

Probate Court, UNION **County, Ohio**

In the Matter of the Registration of Birth
of Clyde Emerson Converse

August 26th., *19* 54

Case No. A-799

ORDER FOR HEARING

This day Clyde Emerson Converse *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application be had forwith and that notice thereof be dispensed with.

It is further ordered by the Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

(*) "JOHN W. DAILEY" *Probate Judge.*

NOTICE OF HEARING RECORDED Page .....

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Clyde Emerson Converse

Probate Court, UNION **County, Ohio**

August 26th *19* 54

Case No. A-799

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Clyde Emerson Converse
for an order of The Court directing the registration of 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 Nettie Louise Converse, mother of the applicant anf H rry C. Converse uncle of the applicant two credible witnesses;
that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Darby Twp (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 12 years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County UNION
(c) Darby Township (City) (Village) (Township)
(d) Street No. R.F.D.# Irwin, Ohio

3. Full name of child Converse Clyde Emerson (Surname First Middle)

4. Date of birth May 5th., 1901 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mo.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Converse Lee Clyde (Surname First Middle)
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Plain City, Ohio (City, town, or county) Madison County (State or foreign country)
13. Usual occupation Laborer
14. Industry or business Farm Helper

MOTHER OF CHILD

15. Full maiden name Temple, Nettie Louise (Surname First Middle)
16. Color or race white 17. Age at time of this birth 18 yrs.
18. Birthplace Darby Twp. (City, town, or county) Madison County (State or foreign country)
19. Usual occupation Housewife
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living? None
(b) How many other children were born alive but are now dead? None
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name Dr. Burson
Address Irwin, Ohio
M. D., midwife, or other M.D. Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(*) "John W. Dailey" *Probate Judge.*
Martha Jane Guy
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, ...**County, Ohio**

In the Matter of the.....
of .....

Case No......

APPLICATION

Your applicant respectfully represents that.....*was born in*.....*County, Ohio; that*.....*now resides in* .....*; and that the following are the available facts with relation to*.....*birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County.....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother before this birth:

(a) How many other children of this mother were living?.....

(b) How many other children were born alive but were then dead?.....

(c) How many children were born dead?.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of.....*birth* .....

Your applicant hereby makes application for an order of the Court, directing....., *as provided by law.*

..... *Applicant*

The State of Ohio,.....**County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as.....*verily believes.*

..... *Applicant*

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

..... (Official Title)

AFFIDAVIT

In the Matter of.....
of .....

Probate Court,.....**County, Ohio**

The State of Ohio,.....**County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of*....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

..... (Official Title)

The State of Ohio,.....**County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

..... (Official Title)

The State of Ohio,.....**County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

..... (Official Title)

Probate Court, ...**County, Ohio**

In the Matter of the.....
of .....

..... *19*.....

Case No......

ORDER FOR HEARING

This day .....*appeared in open court and filed an application for the* .....

It is ordered that hearing on said application.....

It is further ordered by The Court that.....*be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page..... ..... *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Albert Luellan Penn

Probate Court, Delaware **County, Ohio**

September 14, 1954

Delaware Co. *Case No.* 21034 Union Co. Case No. A-800

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Albert Luellan Penn *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court, Union Co., Ohio

The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavits of Effie L. Penn and Ruth M. Stevens, persons having knowledge of he facts ;

that notice of the hearing on said application has been dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Jerome (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 1 mo. (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. R. #3, Plain City

3. Full name of child Penn (Surname) Albert (First) Lueallan (Middle)

4. Date of birth Feb. 24, 1924 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Penn (Surname) Robert (First) Lee (Middle)

10. Color or race white 11. Age at time of this birth 37 yrs.

12. Birthplace Franklin Co. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Chambers (Surname) Effie Lavinia (First) (Middle)

16. Color or race white 17. Age at time of this birth 29 yrs.

18. Birthplace Delaware Co. (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housekeeper

20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living? 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 L. McKitrick
Address Worthington
Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: father's name is recorded as "Richard" to be corrected to read "Robert"; sex is recorded as "Female" to be corrected to "Male" in the Birth Records of Union County, Ohio

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

Paul W. Barrett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.*

....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ;

that notice of the hearing on said application has been ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth

of Fred Eugene Clark

Case No. A-801

APPLICATION

Your applicant respectfully represents that he *was born in* U nion *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) Magnetic Springs, Ohio
(City) (Village) (Township)

(c) Name of hospital or institution:
Willsjohn Street Magnetic Sorings, Ohio
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution X In this community 10 years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Magnetic Springs, Deesburg
(City) (Village) (Township)

(d) Street No.

3. Full name of child: Clark (Surname) Fred (First) Eugene (Middle)

4. Date of birth 1-13-1891 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet ... If so—born 1st, 2d, or 3d ...

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Clark (Surname) John (First) Heratio (Middle)

10. Color or race white 11. Age at time of this birth 24 yrs.

12. Birthplace Fairfield County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Carpenter

14. Industry or business Self-employed

MOTHER OF CHILD

15. Full maiden name Hanson (Surname) Minnie (First) Belle (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Aurora Cayuga Co. (City, town, or county) New York (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 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 -- S.S.Drake M.D.
Address Magnetic Springs, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded Eugene Clarks birth

Your applicant hereby makes application for an order of the Court, directing the registration of Fred/ *, as provided by law.*

Fred Eugene 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 he *verily believes.*

Fred Eugene Clark *Applicant*

P. O. Address

Sworn to before me and signed in my presence this 6th. *day of* October *19* 54

Joseph B. Grigsby
Notary Public, State of Ohio
(Official Title)

My Comm. ex. 10-19-54 (*)

AFFIDAVIT

In the Matter of

of

Probate Court, County, Ohio

The State of Ohio, County, ss.

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*

(Official Title)

The State of Ohio, UNION **County, ss.**

I, John H. Clark Father of Fred E. 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.*

John H. Clark

P. O. Address Broadway, Ohio

Sworn to before me and signed in my presence this 6th. *day of* October *19* 54

Joseph B. Grigsby

Joseph B. Grigsby-Notary Public State of Ohio
(Official Title)

Comm.ex.10-19-54 (*)

The State of Ohio, Union **County, ss.**

I, Lida Clark (Aunt-Sister of John H. 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.*

Lida Clark

P. O. Address 29 Grand St. Vermillon, Ohio

Sworn to before me and signed in my presence this 6th. *day of* October *19* 54

Joseph B. Grigsby

Joseph B. Grigsby
Notary Public State of Ohio Comm. ex 10-19-54 (*)
(Official Title)

Probate Court, UNION County, Ohio

In the Matter of the Registration of Birth

of Fred Eugene Clark

October 6th., *19* 54

Case No. A-801

ORDER FOR HEARING

This day Fred Eugene Clark *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 xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page

Probate Judge.

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

.....*19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Fred Eugene Clark

Probate Court, Union **County, Ohio**

October 6th., *19* 54

Case No. A-801

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Fred Eugene Clark
for an order of The Court directing the registration of 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.Clark and Lida Clark
;
that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Magnetic Springs, Ohio (City) Leesburg (Township) (Village)
(c) Name of hospital or institution:
Willsjohn St.Magnetic Springs, 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 10 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Magnetic Springs, Ohio (City) Leesburg (Township) (Village)
(d) Street No.....

3. Full name of child Clark (Surname) Fred (First) Eugene (Middle)

4. Date of birth 1-13-1891 (Month) (Day) (Year)

5. Sex M le

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Clark (Surname) John (First) Horatio (Middle)
10. Color or race white 11. Age at time of this birth 24 yrs.
12. Birthplace Fairfield,Co. (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Carpenter
14. Industry or business Selfemployed

MOTHER OF CHILD

15. Full maiden name Hanson (Surname) Minnie (First) Belle (Middle)
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace Aurura Cayuga Co. (City, town, or county) New York (State or foreign country)
19. Usual occupation Housewife
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living? One
(b) How many other children were born alive but are now dead? None
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name Dr. S.S.Drake M.D.
Address Magnetic Springs, Ohio
M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(*) "John W. Dailey" *Probate Judge.*

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Maud Green

Case No. A-802

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Box 184, R.D. Hampton, New Jersey; *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 (Leesburg Twp.) (City) (Village) (Township)
(c) Name of hospital or institution: at home Pharisburg (Leesburg Twp./ Union Co. Ohio)
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 3 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Pharisburg (Leesburg Twp.) (City) (Village) (Township)
(d) Street No.

3. Full name of child Green (Surname) Maud (First) (Middle)
4. Date of birth April 10 1880 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet Single
If so—born 1st, 2d, or 3d
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Green, Charles Richard (Surname) (First) (Middle)
10. Color or race white 11. Age at time of this birth 24 yrs.
12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Railroad man
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Stricker, Lettie Jane (Surname) (First) (Middle)
16. Color or race white 17. Age at time of this birth 21 yrs.
18. Birthplace Etna Green, Indiana (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. Alexander
Address Pharisburg, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing registration of her birth, *as provided by law.*
Maud Green Johnson *Applicant*

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.*
Maud Green Johnson *Applicant*
P. O. Address Box 184, R.D. Hampton, New Jersey
Sworn to before me and signed in my presence this 13th *day of* October *19*54.
(Seal)
Mary Sanders
Deputy-Clerk (Official Title)

AFFIDAVIT

In the Matter of ..... **Probate Court,** ..... **County, Ohio**
of .....

The State of Ohio, ... **County, ss.**
I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*
Attending Physician
P. O. Address .....
Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....
(Official Title)

The State of Ohio, Union **County, ss.**
I, Alcesta Taylor 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.*
Alcesta Taylor
P. O. Address 123 North Court St., Marysville, Ohio
Sworn to before me and signed in my presence this 13th *day of* October *19*54.
(Seal)
Mary Sanders
Deputy-Clerk (Official Title)

The State of Ohio, ... **County, ss.**
I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*
P. O. Address .....
Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....
(Official Title)

Probate Court, Union **County, Ohio**
In the Matter of the Registration of Birth
of Maud Green

October 13, 1954
Case No. A-802
ORDER FOR HEARING

This day Maud Green *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 the notice thereof be dispensed with
It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....
(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Maud Green

Probate Court, Union **County, Ohio**

October 13, *19* 54

Case No. A-802

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Maud Green

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 Alcesta Taylor, a credible witness and documentary evidence;

that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Pharisburg (Leesburg Twp.) (City) (Village) Union (Township) Ohio)

(c) Name of hospital or institution: at home Pharisburg (Leesburg Twp./

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 3 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Pharisburg (Leesburg Twp.) (City) (Village) (Township)

(d) Street No.....

3. Full name of child Green Maud Surname First Middle

4. Date of birth April 10, 1889 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet Single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Green, Charles Richard Surname First Middle

10. Color or race white 11. Age at time of this birth 24 yrs.

12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Railroad man

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Stricker, Lettie Jane Surname First Middle

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Etna Green, Indiana (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

22. Attending Physician or Midwife:

Name Dr. Alexander

Address Pharisburg, Ohio

.....

M. D., midwife, or other M.D. Date signed.....

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey

.....*Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Harold James Simpson

Case No. A-803

APPLICATION

Your applicant respectfully represents that he *was born in* Logan *County, Ohio; that* he *now resides in* Route #1, Ridgeway, 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 Logan
(b) Big Springs (City) (Village) (Township)
(c) Name of hospital or institution: at home- Big Springs, Logan Co. Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 30 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Logan
(c) Big Springs (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Simpson (Surname) Harold (First) James (Middle)

4. Date of birth April 2, 1902 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: Single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name: Simpson, (Surname) Richard (First) Oliver (Middle)
10. Color or race: white — 11. Age at time of this birth: 32 yrs.
12. Birthplace: Big Springs, Logan Co. Ohio (City, town, or county) (State or foreign country)
13. Usual occupation: Carpenter
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name: Titus, (Surname) Louie (First) Ann (Middle)
16. Color or race: white — 17. Age at time of this birth: 30 yrs.
18. Birthplace: Big Springs, Logan Co. Ohio (City, town, or county) (State or foreign country)
19. Usual occupation: housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 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. Laughlin
Address Big Springs, Logan Co. Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing registration of his birth, *as provided by law.*

Harold James 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.*

Harold James Simpson *Applicant*

P. O. Address Route #1, Ridgeway, Ohio

Sworn to before me and signed in my presence this 15th *day of* October *19*54.

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Flora Mulligan, 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.*

Flora Mulligan

P. O. Address Rushlyvania, Ohio

Sworn to before me and signed in my presence this 15th *day of* October *19*54.

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
Harold James Simpson
of Harold James Simpson

October 15, 19 54

Case No. A-803

ORDER FOR HEARING

This day ..... *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 the notice thereof be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Harold James Simpson

Probate Court, Union **County, Ohio**

October 15, *19* 54

Case No. A-803

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Harold James 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 Flora Mulligan, a credible witness and documentary evidence;

that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Logan

(b) Big Springs (City) (Village) (Township)

(c) Name of hospital or institution: at home- Big Springs, Logan Co. Ohio

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 30 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Logan

(c) Big Springs (City) (Village) (Township)

(d) Street No.....

3. Full name of child Simpson (Surname) Harold (First) James (Middle)

4. Date of birth April 2, 1902 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet Single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Simpson, (Surname) Richard (First) Oliver (Middle)

10. Color or race white 11. Age at time of this birth 32 yrs.

12. Birthplace Big Springs, Logan Co. Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Carpenter

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Titus, (Surname) Louie (First) Ann (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Big Springs, Logan Co. Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living? one

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Laughlin

Address Big Springs, Logan Co. Ohio

.....

M. D., midwife, or other M.D. Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) John W. Dailey .....*Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record
of William Carroll Westlake

Case No. A-804

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 15019 Athens Ave.Lakewood/7,Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Paris Township (City) (Village) (Township)
(c) Name of hospital or institution: at home-Paris Township, Union Co. 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 12 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Paris Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Westlake, (Surname) William (First) Carroll (Middle)

4. Date of birth Aug. 1, 1904 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet Single

If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Westlake, (Surname) George (First) (Middle)
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Thompson, (Surname) Nelle (First) (Middle)
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Dover Twp.Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? three
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. A. B. Swisher
Address Marysville, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth has not been properly and accurately recorded in Vol. 3, Page 221, No.344 in the Probate Court of Union County, Ohio. Your applicant hereby makes application for an order of the Court, directing correction of* his *birth record, as provided by law.*

Westlake *Applicant*

The records shows his name as Carel Westlake and should read William Carroll Westlake

e true, as he *verily believes.*

William Carroll Westlake *Applicant*

P. O. Address 15019 Athens Ave.,Lakewood 7, Ohio

Sworn to before me and signed in my presence this 17th *day of* November *19* 54

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Imogene Moore 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.*

Imogene Moore

P. O. Address Ash St. Marysville, Ohio

Sworn to before me and signed in my presence this 17th *day of* November *19* 54.

Mary Sanders
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Jessie B. Hartshorn no relation 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.*

Mrs. Jessie B. Hartshorn

P. O. Address Route #1, Marysville, Ohio

Sworn to before me and signed in my presence this 17th *day of* November *19* 54.

Mary Sanders
Deputy-Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record
of William Carroll Westlake

November 17, *19* 54

Case No. A-804

ORDER FOR HEARING

This day William Carroll Westlake *appeared in open court and filed an application for the* correction of his birth record

It is *ordered that hearing on said application* be had forthwith and that the notice thereof be dispensed with.

~~It is further ordered by the Court that~~ ..... ~~be and hereby is appointed Special Master Commissioner to take sworn testimony in said application, if the services of a Special Master Commissioner are necessary, and this case is continued.~~

~~NOTICE OF HEARING RECORDED Page~~ .....

..... *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of William Carroll Westlake

Probate Court, Union **County, Ohio**

November 17, 1954

Case No. A-804

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of William Carroll Westlake *for an order of The Court correcting* his *birth record, as it is registered in the office of* the Probate Court of Union County, Ohio, Vol. 3, Page 221, No. 344, Union County Records of Birth *The Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of Imogene Moore and Jessie B. Hartshorn, two credible witnesses, both of said persons having knowledge of the facts *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County: Union
(b): Paris Township (City) (Village) (Township)
(c) Name of hospital or institution: at home-Paris Township, Union Co. 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: 12 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State: Ohio
(b) County: Union
(c): Paris Township (City) (Village) (Township)
(d) Street No.:

3. Full name of child: Westlake, William Carroll (Surname, First, Middle)
4. Date of birth: Aug. 1, 1904 (Month) (Day) (Year)
5. Sex: Male
6. Twin or triplet: Single If so—born 1st, 2d, or 3d:
7. Number months of pregnancy: 9 mos.
8. Mother married?: yes

FATHER OF CHILD
9. Full name: Westlake, George (Surname, First, Middle)
10. Color or race: white 11. Age at time of this birth: 30 yrs.
12. Birthplace: Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation: Farmer
14. Industry or business:

MOTHER OF CHILD
15. Full maiden name: Thompson, Nelle (Surname, First, Middle)
16. Color or race: white 17. Age at time of this birth: 28 yrs.
18. Birthplace: Dover Twp. Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation: Housewife
20. Industry or business:

21. Children born to this mother:
(a) How many other children of this mother are now living?: 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. A. B. Swisher
Address: Marysville, Ohio
M. D., midwife, or other: M.D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

his birth has not been properly and accurately recorded in Vol. 3, Page 221, No. 344 in the Probate Court of Union County, Ohio. The records shows his name as Carel Westlake and should read William Carroll Westlake.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) John W. Dailey *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of *for an order of The Court directing the registration of* *birth.* *, having personally examined the applicant in open court, finds that the facts stated in the application are supported by* *; that notice of the hearing on said application has been* *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County
(b): (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution: In this community:
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State
(b) County
(c): (City) (Village) (Township)
(d) Street No.

3. Full name of child: (Surname, First, Middle)
4. Date of birth: (Month) (Day) (Year)
5. Sex
6. Twin or triplet: If so—born 1st, 2d, or 3d:
7. Number months of pregnancy:
8. Mother married?:

FATHER OF CHILD
9. Full name: (Surname, First, Middle)
10. Color or race: 11. Age at time of this birth: yrs.
12. Birthplace: (City, town, or county) (State or foreign country)
13. Usual occupation:
14. Industry or business:

MOTHER OF CHILD
15. Full maiden name: (Surname, First, Middle)
16. Color or race: 17. Age at time of this birth: yrs.
18. Birthplace: (City, town, or county) (State or foreign country)
19. Usual occupation:
20. Industry or business:

21. Children born to this mother:
(a) How many other children of this mother are now living?:
(b) How many other children were born alive but are now dead?:
(c) How many children were born dead?:

22. Attending Physician or Midwife:
Name:
Address:
M. D., midwife, or other: Date signed:

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, ...County, Ohio

In the Matter of the.....
of .....

Case No.....

APPLICATION

Your applicant respectfully represents that.....was born in.....County, Ohio; that.....now resides in .....; and that the following are the available facts with relation to.....birth as of the date of delivery:

1. PLACE OF BIRTH:

(a) County.....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living?.....
(b) How many other children were born alive but were then dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of.....birth .....

Your applicant hereby makes application for an order of the Court, directing....., as provided by law.

..... *Applicant*

The State of Ohio,.....County.

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as.....verily believes.

..... *Applicant*

P. O. Address.....

Sworn to before me and signed in my presence this.....day of.....19.....

.....

.....
(Official Title)

AFFIDAVIT

In the Matter of.....
of .....

Probate Court,.....County, Ohio

The State of Ohio,.....County, ss.

I, ..., do hereby certify that I was the physician in attendance at the birth of....., the applicant herein, and that the facts stated in the application are true, as I verily believe.

..... *Attending Physician*

P. O. Address.....

Sworn to before me and signed in my presence this.....day of.....19.....

.....

.....
(Official Title)

The State of Ohio,.....County, ss.

I, ..., do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....day of.....19.....

.....

.....
(Official Title)

The State of Ohio,.....County, ss.

I, ..., do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....day of.....19.....

.....

.....
(Official Title)

Probate Court, ...County, Ohio

In the Matter of the.....
of .....

.....19.....

Case No.....

ORDER FOR HEARING

This day .....appeared in open court and filed an application for the .....

It is ordered that hearing on said application.....

It is further ordered by The Court that.....be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.

NOTICE OF HEARING RECORDED Page..... ..... *Probate Judge.*

352

JOURNAL ENTRY
BARRETT—656-CX

Filed in Union County Probate Court
November 20, 1954.

In the Matter of the CORRECTION OF BIRTH RECORD

Probate Court, Franklin County, Ohio

19

of Leldy Willey

Franklin County *Case No.* 162437 UnionCo. No. A-805

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Leldy Willey *for an order of The Court correcting* the *birth record, as it is registered in the office of* Union County Probate Court, Marysville, O. Birth Record Vol. 2 Page 87 No.147; 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 Minnie Peak, sister and Richard Peak, Brother-in-law of applicant, persons 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) Jackson Township (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jackson Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Willey Leldy (Surname) (First) (Middle)

4. Date of birth 11-27-1886 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? Yes

FATHER OF CHILD

9. Full name Willey Isaac (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 35 yrs.

12. Birthplace Union Co. (City, town, or county) (State or foreign country)

13. Usual occupation .....

14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Osborn Elizabeth (Surname) (First) (Middle)

16. Color or race White 17. Age at time of this birth 34 yrs.

18. Birthplace Delaware Co. (City, town, or county) (State or foreign country)

19. Usual occupation .....

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 .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars 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 November 19, 1954

C. P. McClelland
Judge of the Probate Court
of Franklin County, Ohio
Probate Judge.

JOURNAL ENTRY
BARRETT—656-D

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) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

.....*Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, UNION **County, Ohio**

In the Matter of the Registration of Birth
of Edwin Francis Carey

Case No. A-806

Union **APPLICATION**

4 Timer Lane Heights, Lancaster Ohio

Your applicant respectfully represents that he *was born in* Allen Township/ *County, Ohio; that* he *now resides in* ; *and that the following are the available facts with relation to birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Allen Center (City) Allen Township (Village) (Township)

(c) Name of hospital or institution: At Home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community 24 years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Allen Center-Allen Township
(City) (Village) (Township)

(d) Street No. Route # 5 Marysville, Ohio

3. Full name of child Carey (Surname) Edwin (First) Francis (Middle)

4. Date of birth April 15, 1906 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 Mo.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Carey (Surname) Edmond (First) Patrick (Middle)

10. Color or race white 11. Age at time of this birth 32 yrs.

12. Birthplace Allen Township (City, town, or county) Union County (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Fuller (Surname) Calla (First) Ann (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Allen Township (City, town, or county) Union County (State or foreign country)

19. Usual occupation Housewife

20. Industry or business Housekeeping

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. Smith
Address Pottersburg, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of his birth *, as provided by law.*

Edwin Francis Carey *Applicant*

The State of 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 Francis Carey *Applicant*

P. O. Address # 4 Timber Lane Heights-Lancaster, Ohio

Sworn to before me and signed in my presence this 24th. *day of* January *19* 55

(*) MARTHA JANE GUY
DEPUTY CLERK
(Official Title)

AFFIDAVIT

Probate Court, ... **County, Ohio**

In the Matter of .....
of .....

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(*) .....
(Official Title)

The State of Ohio, UNION **County, ss.**

I, Amy Carey 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.*

Amy Carey

P. O. Address S. Maple Street Marysville, Ohio

Sworn to before me and signed in my presence this 24th. *day of* January *19* 55

(*) Martha Jane Guy
Deputy Clerk
(Official Title)

The State of Ohio, UNION **County, ss.**

I, Lottie Cline neighbor in 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.*

Lottie Cline

P. O. Address West Eighth Street-Marysville, Ohio

Sworn to before me and signed in my presence this 24th. *day of* January *19* 55

(*) MARTHA JANE GUY
Deputy Clerk
(Official Title)

Probate Court, UNION **County, Ohio**

In the Matter of the Registration of Birth
of Edwin Francis Carey

January 24th., 19 55

Case No. A-806

ORDER FOR HEARING

This day Edwin Frances Carey *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 is dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

(*) JOHN W. DAILEY *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Edwin Franis Carey

Probate Court, UNION **County, Ohio**

January 24th., *19* 55

Case No. A-806

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Edwin Frances Carey
for an order of The Court directing the registration of his *birth.*
The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* Amy Carey an aunt of the applicant and Lottie Cline a neighbor in the vincinity, two credible witnesses who signed the affidavits;
that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the 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 Center- (City) Allen Township (Village) (Township)
(c) Name of hospital or institution: At Home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 24 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State OHIO
(b) County UNION
(c) Allen Center (City) Allen Township (Village) (Township)
(d) Street No. Route # 5 Marysville, Ohio

3. Full name of child Carey (Surname) Edwin (First) Francis (Middle)
4. Date of birth April 15,1906 (Month) (Day) (Year)
5. Sex Male
6. Twin or triplet single If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9 mos.
8. Mother married? Yes

FATHER OF CHILD
9. Full name Carey (Surname) Edmond (First) Patrick (Middle)
10. Color or race white 11. Age at time of this birth 32 yrs.
12. Birthplace Allen Township (City, town, or county) Union County (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD
15. Full maiden name Fuller (Surname) Calla (First) Ann (Middle)
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace Allen Township (City, town, or county) Union County (State or foreign country)
19. Usual occupation Housewife
20. Industry or business Housekeeping

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. Smith
Address Pottersburg, Ohio
M. D., midwife, or other M.D. Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(*) JOHN W. DAILEY .....*Probate Judge.*

.....
Deputy Clerk.

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Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, ... **County, Ohio**

In the Matter of the.....
of .....

Case No......

APPLICATION

Your applicant respectfully represents that.....*was born in*.....*County, Ohio; that*.....*now resides in* .....*; and that the following are the available facts with relation to*.....*birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County.....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet .....

If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

21. Children born to this mother before this birth:

(a) How many other children of this mother were living?.....

(b) How many other children were born alive but were then dead?.....

(c) How many children were born dead?.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of.....*birth* .....

Your applicant hereby makes application for an order of the Court, directing....., *as provided by law.*

..... *Applicant*

The State of Ohio,.....**County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as.....*verily believes.*

..... *Applicant*

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

..... (Official Title)

AFFIDAVIT

In the Matter of.....
of .....

Probate Court,.....**County, Ohio**

The State of Ohio,.....**County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of*....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

..... (Official Title)

The State of Ohio,.....**County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

..... (Official Title)

The State of Ohio,.....**County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....*day of*.....*19*.....

.....

..... (Official Title)

Probate Court, ... **County, Ohio**

In the Matter of the.....
of .....

..... *19*.....

Case No......

ORDER FOR HEARING

This day .....*appeared in open court and filed an application for the* .....

It is ordered that hearing on said application.....

It is further ordered by The Court that.....*be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page..... ..... *Probate Judge.*

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JOURNAL ENTRY

IN THE PROBATE COURT OF FRANKLIN COUNTY, OHIO

Probate Court Franklin County
Finding and Order

In the Matter of the Correction of Birth
of Leldy Willey

Case No. 162437
Franklin County Number

Union County's No. A-805-A

This cause came on to be heard on the application of Leldy Willer 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, Marysville, Ohio Birth Record Vol. 2 Page 87 No.147; the Court finds that notice of the hearing on the 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 Minnie Peak sister and Richard Peak, brother-in-law of the applicant, both both having personal knowledge of the facts stated in the said application;

The Court finds that the correct record of birth of the applicant as follows:

1. PLACE OF BIRTH:

(a) County UNION

(b) Jackson Twp. (City) (Village) (Township)

(c) Name of hospital or institution: - -

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution - In this community - (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County UNION

(c) Jackson Twp (City) (Village) (Township)

(d) Street No. ----------

3. Full name of child Willey (Surname) Leldy (First) ---- (Middle)

4. Date of birth Jan. 27, 1886 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name Willey (Surname) Isaac (First) (Middle)

10. Color or race W 11. Age at time of this birth 35 yrs.

12. Birthplace UNION County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation ____

14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Osborn (Surname) Elizabeth (First) (Middle)

16. Color or race W 17. Age at time of this birth 34 yrs.

18. Birthplace Delaware Co. (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business ____

21. Children born to this mother:
(a) How many other children of this mother are now living? ____
(b) How many other children were born alive but are now dead? ____
(c) How many children were born dead? ____

22. Attending Physician or Midwife:
Name ____
Address ____
M. D., midwife, or other ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: and the same hereby is corrected, and that the certified copy of this order be transmitted to the office in which the said birth record of the applicant is registed, to be filed and recorded as provided by law.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

Dana F. Reynolds-Acting Probate *Probate Judge.*
Court of Franklin County, Ohio

JOURNAL ENTRY
BARRETT—656-D

Probate Court, ____ **County, Ohio**

In the Matter of the REGISTRATION OF BIRTH

of ____

19 ____

Case No. ____

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ____ *for an order of The Court directing the registration of* ____ *birth.*

____, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ____;

that notice of the hearing on said application has been ____; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County ____

(b) ____ (City) (Village) (Township)

(c) Name of hospital or institution: ____

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ____ In this community ____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State ____

(b) County ____

(c) ____ (City) (Village) (Township)

(d) Street No. ____

3. Full name of child ____ (Surname) (First) (Middle)

4. Date of birth ____ (Month) (Day) (Year)

5. Sex ____

6. Twin or triplet ____ If so—born 1st, 2d, or 3d ____

7. Number months of pregnancy ____

8. Mother married? ____

FATHER OF CHILD

9. Full name ____ (Surname) (First) (Middle)

10. Color or race ____ 11. Age at time of this birth ____ yrs.

12. Birthplace ____ (City, town, or county) (State or foreign country)

13. Usual occupation ____

14. Industry or business ____

MOTHER OF CHILD

15. Full maiden name ____ (Surname) (First) (Middle)

16. Color or race ____ 17. Age at time of this birth ____ yrs.

18. Birthplace ____ (City, town, or county) (State or foreign country)

19. Usual occupation ____

20. Industry or business ____

21. Children born to this mother:
(a) How many other children of this mother are now living? ____
(b) How many other children were born alive but are now dead? ____
(c) How many children were born dead? ____

22. Attending Physician or Midwife:
Name ____
Address ____
M. D., midwife, or other ____ Date signed ____

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

____ *Probate Judge.*

____
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Zora Hortense January

Case No. A-807

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Columbus, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) York Township (City) (Village) (Township)
(c) Name of hospital or institution: at home - York Township, Union County, Ohio (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 19 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union County
(c) York Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Zora Hortense January (Surname) (First) (Middle)
4. Date of birth May 31, 1881 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet Single If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy 9 mos.
8. Mother married? Yes

FATHER OF CHILD

9. Full name January, Orson Smith (Surname) (First) (Middle)
10. Color or race White 11. Age at time of this birth 23 yrs.
12. Birthplace York Township, Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. 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

MOTHER OF CHILD

15. Full maiden name Green, Martha Angeline (Surname) (First) (Middle)
16. Color or race White 17. Age at time of this birth 19 yrs.
18. Birthplace York Township, Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

22. Attending Physician or Midwife:
Name Dr. Whitaker
Address West Mansfield, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing ..... *, as provided by law.*

Zora Hortense January 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.*

Zora Hortense January Marsh *Applicant*

P. O. Address 127 E. Bale Ave., Columbus, Ohio

Sworn to before me and signed in my presence this 18th *day of* February *19* 55

Mary Sanders
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of the REGISTRATION OF BIRTH
of ZORA HORTENSE JANUARY

Probate Court, Union **County, Ohio**

The State of Ohio, Union **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Carolyn Noble *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Carolyn Noble

P. O. Address 18 Orchard Lane, Columbus, Ohio

Sworn to before me and signed in my presence this 18th *day of* February *19* 55

Mary Sanders
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Reuben January *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Reuben January

P. O. Address Route # 1, West Mansfield, Ohio

Sworn to before me and signed in my presence this 1st *day of* March *19* 55

Constance L. Freeman
Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of birth
of Zora Hortense January

March 1, *19* 55

Case No. A-807

ORDER FOR HEARING

This day Zora Hortense January *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 Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, Union **County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Zora Hortense January

Probate Court, Union **County, Ohio**

April 14, *19* 55

Case No. A-807

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Zora Hortense January

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 Carolyn Noble and Reuben January, credible witnesses and documentary evidence;

that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) York Township (City) (Village) (Township)

(c) Name of hospital or institution:

at home - York Township Union County, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 19 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union County

(c) York Township (City) (Village) (Township)

(d) Street No.....

3. Full name of child January Zora Hortense (Surname First Middle)

4. Date of birth 5-31-1881 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet Single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name January Orson Smith (Surname First Middle)

10. Color or race White 11. Age at time of this birth 23 yrs.

12. Birthplace York Township, Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Farmer

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Green, Martha Angeline (Surname First Middle)

16. Color or race White 17. Age at time of this birth 19 yrs.

18. Birthplace York Township, Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

22. Attending Physician or Midwife:

Name Dr. Whitaker

Address West Mansfield, Ohio

.....

M. D., midwife, or other M.D. Date signed.....

21. Children born to this mother:

(a) How many other children of this mother are now living? None

(b) How many other children were born alive but are now dead? None

(c) How many children were born dead? None

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record
of Ralph William Cleaves

Case No. A-808

APPLICATION

Your applicant respectfully represents that he *was born in* Auglaize *County, Ohio; that* he *now resides in* Marysville, Union County; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Auglaize
(b) Wapakoneta City (City) (Village) (Township)
(c) Name of hospital or institution: at home - Wapakoneta City, Auglaize County
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 35 years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Auglaize
(c) Wapakoneta City (City) (Village) (Township)
(d) Street No. 609 Murray St.

3. Full name of child Cleaves (Surname) Ralph (First) William (Middle)

4. Date of birth Jan. 1, 1890 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9months

8. Mother married? Yes

FATHER OF CHILD

9. Full name Cleaves (Surname) Scott (First) ..... (Middle)
10. Color or race white 11. Age at time of this birth 40 yrs.
12. Birthplace Licking County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farming
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Gudakunst, Sarah (Surname) (First) (Middle)
16. Color or race White 17. Age at time of this birth 35 yrs.
18. Birthplace Moulton Twp. Auglaize County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 3
(b) How many other children were born alive but were then dead? 1
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Anthony
Address (Deceased)
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* .....

Your applicant hereby makes application for an order of the Court, directing the correction of his birth record *as provided by law.*

Ralph William Cleaves *Applicant*

The State of 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 William Cleaves *Applicant*

P. O. Address 319 W. 7th St., Marysville, Ohio

Sworn to before me and signed in my presence this 18th *day of* February *19* 55

Luther L. Liggett
Probate Judge
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Mrs. Minnie Cahill, 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.*

Mrs. Minnie M. Cahill

P. O. Address 316 Williams St., Sidney, Ohio

Sworn to before me and signed in my presence this 18th *day of* February *19* 55

Luther L. Liggett
Probate Judge
(Official Title)

The State of Ohio, Union **County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record
of Ralph William Cleaves

..... *19* .....

Case No. A-808

ORDER FOR HEARING

This day Ralph William Cleaves *appeared in open court and filed an application for the* correction of his birth record

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take testimony in this cause and report the same to this Court, and that the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

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JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Ralph William Cleaves

Probate Court, Union County, Ohio

February 18, 19 55

Case No.

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Ralph William Cleaves *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court of Auglaize County, Ohio, Vol. 3, Page 42, No. 8 of Birth Records of Auglaize County, Ohio, *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of Mrs. Minnie Cahill, credible witness and documentary evidence; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Auglaize

(b) Wapakoneta City (City) (Village) (Township)

(c) Name of hospital or institution: at home-Wapakoneta City, Auglaize Co., 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 35 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Auglaize

(c) Wapakoneta City (City) (Village) (Township)

(d) Street No. 609 Murray St.

3. Full name of child Ralph William Cleaves (Surname) (First) (Middle)

4. Date of birth Jan. 1, 1890 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 moths

8. Mother married? Yes.

FATHER OF CHILD

9. Full name Cleaves (Surname) Scott (First) (Middle)

10. Color or race White 11. Age at time of this birth 40 yrs.

12. Birthplace Licking County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Faming

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Gudakunst, (Surname) Sarah (First) (Middle)

16. Color or race White 17. Age at time of this birth 35 yrs.

18. Birthplace Moulton Twp., (City, town, or county) Auglaise County, Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living? 3
(b) How many other children were born alive but are now dead? 1
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Anthony
Address (Deceased)
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: his birth has not been correctly recorded (Date should be corrected from Feb. 1, 1890 to Jan. 1st, 1890)Mother's maiden name spelled Gudakunst, instead of Gudekunst as recorded, in Vol. 3, page 42, No. 8 of Birth Records of Auglaize County, Ohio.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, County, Ohio

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.*

....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* .....; *that notice of the hearing on said application has been* .....; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County

(b) (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

(c) (City) (Village) (Township)

(d) Street No.

3. Full name of child (Surname) (First) (Middle)

4. Date of birth (Month) (Day) (Year)

5. Sex

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

9. Full name (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace (City, town, or county) (State or foreign country)

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

15. Full maiden name (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace (City, town, or county) (State or foreign country)

19. Usual occupation

20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name
Address
M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Geneva Mae Dilsaver

Case No. A-809

APPLICATION

Your applicant respectfully represents that.....was born in.....County, Ohio; that.....now resides in .....; and that the following are the available facts with relation to.....birth as of the date of delivery:

1. PLACE OF BIRTH:
(a) County.....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

3. Full name of child..... Surname First

5. Sex .....

6. Twin or triplet .....

If so—born 1st, 2d, or 3d.....

FATHER OF CHILD

9. Full name ..... Surname First M

10. Color or race..... 11. Age at time of this birth.....

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living?.....
(b) How many other children were born alive but were then dead?.....
(c) How many children were born dead?.....

2. USUAL RESIDENCE OF MOTHER

Hold for signature of Witnesses & Documentary evidence

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of.....birth .....

Your applicant hereby makes application for an order of the Court, directing....., as provided by law.

..... *Applicant*

The State of Ohio,.....County.

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as.....verily believes.

..... *Applicant*

P. O. Address.....

Sworn to before me and signed in my presence this.....day of.....19.....

.....
.....
(Official Title)

AFFIDAVIT

In the Matter of.....
of .....

Probate Court,.....County, Ohio

The State of Ohio,.....County, ss.

I, ..., do hereby certify that I was the physician in attendance at the birth of....., the applicant herein, and that the facts stated in the application are true, as I verily believe.

..... *Attending Physician*

P. O. Address.....

Sworn to before me and signed in my presence this.....day of.....19.....

.....
.....
(Official Title)

The State of Ohio,.....County, ss.

I, ..., do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....day of.....19.....

.....
.....
(Official Title)

The State of Ohio,.....County, ss.

I, ..., do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....day of.....19.....

.....
.....
(Official Title)

Probate Court,.....County, Ohio

In the Matter of the.....
of .....

.....19.....

Case No.....

ORDER FOR HEARING

This day .....appeared in open court and filed an application for the .....

It is ordered that hearing on said application.....

It is further ordered by The Court that.....be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.

NOTICE OF HEARING RECORDED Page..... ..... *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of.....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of.....

for an order of The Court directing the registration of.....*birth.*

....., *having personally examined the applicant in open court,*

finds that the facts stated in the application are supported by.....

.....;

that notice of the hearing on said application has been.....*; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No.....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation.....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation.....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....Date signed.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

.....*Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Paul J. Gordon

Case No. A-810

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Columbus, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Liberty Township, Union County
(City) (Village) (Township)
(c) Name of hospital or institution:
at home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union County
(c) Route # 4, Marysville, Paris Township
(City) (Village) (Township)
(d) Street No. .....

3. Full name of child Gordon (Surname) Paul (First) Jackson (Middle)

4. Date of birth Apr. 30, 1904 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Gordon (Surname) Crayton (First) J. (Middle)
10. Color or race White 11. Age at time of this birth 35 yrs.
12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Jackson (Surname) Minnie (First) Lucy (Middle)
16. Color or race White 17. Age at time of this birth 21 yrs.
18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? None
(b) How many other children were born alive but were then dead? None
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name Dr. Charles Thompson
Address Raymond, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth .....*
Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Paul Jackson Gordon *Applicant*

The State of 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 Jackson Gordon *Applicant*
P. O. Address 764 Racine Ave., Columbus, Ohio

Sworn to before me and signed in my presence this 23rd *day of* April *19* 55.

Constance L. Freeman
Deputy Clerk - Probate Court
(Official Title)

AFFIDAVIT

In the Matter of Registration of birth
of Paul Jackson Gordon

Probate Court, Union **County, Ohio**

The State of Ohio, Union **County, ss.**

I, ..., do hereby certify that I was the physician in attendance at the birth of ....., the applicant herein, and that the facts stated in the application are true, as I verily believe.

Attending Physician
P. O. Address .....

Sworn to before me and signed in my presence this ..... day of ..... 19 .....

.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, Roxanne C. Printz *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Roxanne C. Printz
P. O. Address 312 E. 4th St., Marysville, Ohio

Sworn to before me and signed in my presence this 28th *day of* April *19* 55.

Mary Sanders
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Minnie Lucy Gordon *, do hereby certify that 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 Lucy Gordon
P. O. Address Route # 4, Marysville, Ohio

Sworn to before me and signed in my presence this 30th *day of* April *19* 55.

Constance L. Freeman
Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Paul Jackson Gordon

April 30, 19 55

Case No. A-810

ORDER FOR HEARING

This day Paul Jackson 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 forth and notice thereof be dispensed with

~~It is further ordered by The Court that XXXX

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

8. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace .... (City, town, or county) (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace .... (City, town, or county) (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Paul Jackson Gordon

Probate Court, Union **County, Ohio**

April 30, *19* 55

Case No. A-810

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Paul Jackson 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 Roxanne C. Printz and Minnie Lucy Gordon, two credible witnesses and documentary evidence ;

that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Liberty Township, (City) Union County (Village) (Township)

(c) Name of hospital or institution:

at home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union County

(c) Route # 4, (City) Marysville, (Village) Paris Township (Township)

(d) Street No.....

3. Full name of child Gordon (Surname) Paul (First) Jackson (Middle)

4. Date of birth April 30, 1904 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Gordon (Surname) Crayton (First) J. (Middle)

10. Color or race White 11. Age at time of this birth 35 yrs.

12. Birthplace Union County (City, town, or county) ..... (State or foreign country)

13. Usual occupation Farmer

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Jackson (Surname) Minnie Lucy (First Middle)

16. Color or race White 17. Age at time of this birth 21 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living? None
(b) How many other children were born alive but are now dead? None
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of David Rodman Griffiths

Case No. A-811

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Union County *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Claibourne Township (City) (Village) (Township)
(c) Name of hospital or institution: at home-Claiborune Township, Union County, O.
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 2 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Claibourne Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Griffiths (Surname) David (First) Rodman (Middle)

4. Date of birth Oct. 7, 1913 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: Single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Griffiths, Charles Elmer (Surname) (First) (Middle)
10. Color or race White — 11. Age at time of this birth 36 yrs.
12. Birthplace Delaware 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 Rodman (Surname) Elizabeth (First) Grace (Middle)
16. Color or race White — 17. Age at time of this birth 34 yrs.
18. Birthplace Lyon County, (City, town, or county) Kansas (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? one
(b) How many other children were born alive but were then dead? one
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Roebuck
Address Richwood, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing registration of his birth *, as provided by law.*

David Rodman Griffiths *Applicant*

The State of 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 Rodman Griffiths *Applicant*

P. O. Address Route # 2, Richwood, Ohio

Sworn to before me and signed in my presence this 11th *day of* May *19* 55

Mary Sanders - Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Grace Griffiths, *do hereby certify that 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 Griffiths

P. O. Address Route # 2, Richwood, Ohio

Sworn to before me and signed in my presence this 11th *day of* May *19* 55.

Mary Sanders
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Clarence T. Kinney, *do hereby certify that 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 T. Kinney

P. O. Address Route # 2, Richwood, Ohio

Sworn to before me and signed in my presence this 11th *day of* May *19* 55

Mary Sanders
Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of David Rodman Griffiths

May 11, *19* 55

Case No. A-811

ORDER FOR HEARING

This day David Rodman Griffiths *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with

It is further ordered by the Court that ..... be and hereby is appointed Special Master Commissioner to take evidence thereon and report to the Court. The services of a Special Master Commissioner are necessary, and this cause is continued.

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....
22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....
Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of David Rodman Griffiths

Probate Court, Union **County, Ohio**

May 11, *19* 55

Case No. A-811

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of David Rodman Griffiths
for an order of The Court directing the registration of 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 Griffiths and Clarence T. Kinney, two credible witnesses and documentary evidence; *that notice of the hearing on said application has been* dispensed with*; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Claibourne Township (City) (Village) (Township)
(c) Name of hospital or institution:
at home Claibourne Township, Union County (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 2 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Claibourne Township (City) (Village) (Township)
(d) Street No.....

3. Full name of child Griffiths (Surname) David (First) Rodman (Middle)
4. Date of birth Oct. 7, 1913 (Month) (Day) (Year)
5. Sex Male
6. Twin or triplet Single If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD
9. Full name Griffiths, Charles Elmer (Surname) (First) (Middle)
10. Color or race White 11. Age at time of this birth 36 yrs.
12. Birthplace Delaware County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Rodman, Elizabeth Grace (Surname) (First) (Middle)
16. Color or race White 17. Age at time of this birth 34 yrs.
18. Birthplace Lyon County, Kansas (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business.....
22. Attending Physician or Midwife:
Name Dr. Roebuck
Address Richwood, Ohio
.....
M. D., midwife, or other M.D. Date signed.....

21. Children born to this mother:
(a) How many other children of this mother are now living? one
(b) How many other children were born alive but are now dead? one
(c) How many children were born dead? none
Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Blair Carson Minthorn

Case No. A-812

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Killeen, Texas *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Unionville, (City) (Village) (Township)
(c) Name of hospital or institution: none
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Unionville (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Minthorn (Surname) Blair (First) Carson (Middle)
4. Date of birth 2/27/1908 (Month) (Day) (Year)
5. Sex Male
6. Twin or triplet ..... If so—born 1st, 2d, or 3d 1st
7. Number months of pregnancy 9
8. Mother married? No

FATHER OF CHILD

9. Full name Unknown (Surname) (First) (Middle)
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Minthorn (Surname) Alta (First) Louise (deceased) (Middle)
16. Color or race W 17. Age at time of this birth 17 yrs.
18. Birthplace Unionville, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation None
20. Industry or business .....

21. Children born to this mother before this birth: one
(a) How many other children of this mother were living? .....
(b) How many other children were born alive but were then dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name Dr. McCune --- Dr. Goff
Address Deceased
.....
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Blair Carson Minthorn *Applicant*

The State of Ohio, Union **County.**
The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Blair Carson Minthorn *Applicant*
P. O. Address 808 Duncan Ave., Killeen, Texas

Sworn to before me and signed in my presence this 23rd *day of* May *19* 55

Constance L. Freeman
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....
.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, Virgil Minthorn, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Virgil Minthorn
P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 23rd *day of* May *19* 55

Constance L. Freeman
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Freda F. Minthorn, *do hereby certify that 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 F. Minthorn
P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 25th *day of* May *19* 55

Constance L. Freeman
Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Blair Carson Minthorn

May 25, *1955*

Case No. A-812

ORDER FOR HEARING

This day Blair Carson Minthorn *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

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of xBlairxCarsonxMinthornx

Probate Court, xxxxx **County, Ohio**

19

Case No. xA-812x

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Blair Carson Minthorn

for an order of The Court correcting his *birth record, as it is registered in the office of*

on consideration of the evidence submitted, finds that the facts stated in the application are supported by

;

that notice of the hearing on said application has been; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County
(b) (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution In this community
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State
(b) County
(c) (City) (Village) (Township)
(d) Street No.

3. Full name of child (Surname) (First) (Middle)
4. Date of birth (Month) (Day) (Year)
5. Sex
6. Twin or triplet If so—born 1st, 2d, or 3d
7. Number months of pregnancy
8. Mother married?

FATHER OF CHILD
9. Full name (Surname) (First) (Middle)
10. Color or race 11. Age at time of this birth yrs.
12. Birthplace (City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD
15. Full maiden name (Surname) (First) (Middle)
16. Color or race 17. Age at time of this birth yrs.
18. Birthplace (City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name
Address

M. D., midwife, or other
Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

Probate Judge.

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Blair Carson Minthorn

Probate Court, Union **County, Ohio**

May 25, *19* 55

Case No. A-812

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Blair Carson Minthorn

for an order of The Court directing the registration of 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 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) Unionville (City) (Village) (Township)
(c) Name of hospital or institution: none
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution In this community
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Unionville (City) (Village) (Township)
(d) Street No.

3. Full name of child Minthorn (Surname) Blair (First) Carson (Middle)
4. Date of birth 2/21/1908 (Month) (Day) (Year)
5. Sex Male
6. Twin or triplet If so—born 1st, 2d, or 3d 1st
7. Number months of pregnancy 9
8. Mother married? No

FATHER OF CHILD
9. Full name Unknown (Surname) (First) (Middle)
10. Color or race 11. Age at time of this birth yrs.
12. Birthplace (City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Minthorn (Surname) Alta Louise (deceased) (First) (Middle)
16. Color or race W 17. Age at time of this birth 17 yrs.
18. Birthplace Unionville (City, town, or county) Ohio (State or foreign country)
19. Usual occupation none
20. Industry or business

21. Children born to this mother: one
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name Dr. Mc Cune --- Dr. Goff
Address deceased

M. D., midwife, or other Date signed
Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record

of Helen Alliline Butler

Case No. A-813

APPLICATION

Your applicant respectfully represents that she *was born in* Madison *County, Ohio; that* she *now resides in* 118 East 8th St. 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 Madison

(b) Darby 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 31 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Madison

(c) Darby Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child: Butler (Surname) Helen (First) Alliline (Middle)

4. Date of birth 8-11-1895 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: twin — If so—born 1st, 2d, or 3d: 1st

7. Number months of pregnancy: 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name: Butler, Charles Andrew (Surname) (First) (Middle)

10. Color or race: white — 11. Age at time of this birth: 36 yrs.

12. Birthplace: Circleville, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation: farmer

14. Industry or business: .....

MOTHER OF CHILD

15. Full maiden name: Morgridge, Harriet Tuttle (Surname) (First) (Middle)

16. Color or race: white — 17. Age at time of this birth: 31 yrs.

18. Birthplace: Madison County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation: housewife

20. Industry or business: .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? 2
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. M. D. Jenkins
Address Plain City, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been correctly recorded in record *Y* ...led by law. *Applicant*

that the place of birth should be Darby Township, Madison County instead of Darby Township, Union County, Place of residence of parents should be Darby Township, Madison County instead of Darby Township, Union County, name of applicant should read Helen Alliline Butler instead of Hellen Allaline Butler, name of mother should read Harriet Tuttle Morgridge instead of Harriet Morgridge, name of father should read Charles Andrew Butler instead of C. A. Butler as recorded in Vol., 3, Page 18 No.22 Records of Birth, Union County Probate Court, Ohio.

The S ...ly believes. *Applicant*

T ...hio

Si .....

(Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....

.....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Imogene Moore no relation 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.*

Imogene Moore

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 31st *day of* May *19* 55

Mary Sanders

Deputy-Clerk

(Official Title)

The State of Ohio, Union **County, ss.**

I, Milo L. Myers no relation 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.*

Milo L. Myers

P. O. Address West 5th St., Marysville, Ohio

Sworn to before me and signed in my presence this 27th *day of* May *19* 55.

Mary Sanders

Deputy-Clerk

(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record

of Helen Alliline Butler

May 31, 19 55

Case No. A-813

ORDER FOR HEARING

This day Helen Alliline Butler *appeared in open court and filed an application for the* correction of her birth record *with.*

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed/

XXXX

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Helen Alliline Butler

Probate Court, Union **County, Ohio**

May 31, 19 55

Case No. A-813

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Helen Alliline Butler *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court of Union County, Ohio, Vol. 3, Page 18, No. 22 of Birth Records of Union County, Ohio *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of The Court Imogene Moore and Milo L. Myers, two credible witnesses and documentary evidence; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Madison
(b) Darby 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 31 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Madison
(c) Darby Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Butler (Surname) Helen (First) Alliline (Middle)
4. Date of birth 8-11-1895 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet twin If so—born 1st, 2d, or 3d 1st
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD
9. Full name Butler, Charles Andrew (Surname) (First) (Middle)
10. Color or race white 11. Age at time of this birth 36 yrs.
12. Birthplace Circleville, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation farmer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Morgridge, Harriet Tuttle (Surname) (First) (Middle)
16. Color or race white 17. Age at time of this birth 31 yrs.
18. Birthplace Madison County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? 2
(b) How many other children were born alive but are now dead? 2
(c) How many children were born dead? 0
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name Dr. M. D. Jenkins
Address Plain City, Ohio
M. D., midwife, or other .....

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: her birth has not been correctly recorded in that the place of birth should be Darby Township, Madison County instead of Darby Township, Union County, Place of residence of parents should be Darby Township, Madison County instead of Darby Township, Union County, name of applicant should read Helen Alliline Butler instead of Hellen Allaline Butler, name of mother should read Harriet Tuttle Morgridge instead of Harriet Morgridge, name of father should read Charles Andrew Butler instead of C. A. Butler as recorded in Vol. 3, Page 18 No. 22 Records of Birth, Union County Probate Court, Ohio.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.* ....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... ; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)
4. Date of birth ..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy .....
8. Mother married? .....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Mary Elsie Jolliff

Case No. A-814

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 8221 Northwest, Miami, Fla.; *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, Union County
(City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ... In this community 31 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Claibourne Township
(City) (Village) (Township)
(d) Street No.

3. Full name of child Jolliff (Surname) Mary (First) Elsie (Middle)

4. Date of birth Aug. 21, 1904 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single

If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9 mos.

8. Mother married? Yes.

FATHER OF CHILD

9. Full name Jolliff (Surname) George (First) Washington (Middle)
10. Color or race White 11. Age at time of this birth 35 yrs.
12. Birthplace Union (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Beck (Surname) Jennie (First) May (Middle)
16. Color or race White 17. Age at time of this birth 31 yrs.
18. Birthplace Union (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 8
(b) How many other children were born alive but were then dead? 2
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Wurtsbaugh (deceased)
Address Richwood, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of 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 Elsie Jolliff *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Mary Elsie Jolliff *Applicant*

P. O. Address 8221 Northwest, Miami, Florida

Sworn to before me and signed in my presence this 11th *day of* June *19* 55.

Constance L. Freeman
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of Registration of birth
of Mary Elsie Jolliff

Probate Court, Union **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ..., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address ...

Sworn to before me and signed in my presence this ... *day of* ... *19* ...

(Official Title)

The State of Ohio, Union **County, ss.**

I, Edith Mae Cramer, 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.*

Edith Mae Cramer

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 11th *day of* June *19* 55

Constance L. Freeman
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, George Washington Jolliff, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

George W. Jolliff

P. O. Address 353 Columbian Ave., Columbus, Ohio

Sworn to before me and signed in my presence this 11th *day of* June *19* 55

Constance L. Freeman
Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of birth of
of Mary Elsie Jolliff

June 11th *19* 55

Case No. A-814

ORDER FOR HEARING

This day Mary Elsie Jolliff *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with. [illegible] *and this cause is continued.*

NOTICE OF HEARING RECORDED Page ...

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Mary Elsie Jolliff

Probate Court, Union **County, Ohio**

June 11th *19* 55

Case No. A-814

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Mary Elsie Jolliff

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of two credible witnesses, Edith Mae Cramer and George Washington Jolliff 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) Claibourne Township, Union County (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 31 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne Township (City) (Village) (Township)

(d) Street No.....

3. Full name of child Jolliff Surname Mary First Elsie Middle

4. Date of birth Aug. 21, 1904 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Jolliff Surname George First Washington Middle

10. Color or race White 11. Age at time of this birth 35 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Beck Surname Jennie First May Middle

16. Color or race White 17. Age at time of this birth 31 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

22. Attending Physician or Midwife:

Name Dr. Wurtsbaugh

Address Richwood, Ohio

.....

M. D., midwife, or other M.D. Date signed.....

21. Children born to this mother:

(a) How many other children of this mother are now living? 8

(b) How many other children were born alive but are now dead? 2

(c) How many children were born dead? 0

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of John James Shirk

Case No. A-815

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 355 Nye Street, Marion, Ohio; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Township of Taylor
(City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union, Township of Taylor
(c) Marysville, Ohio, R.F.D. #1
(City) (Village) (Township)
(d) Street No.

3. Full name of child Shirk (Surname) John (First) James (Middle)
4. Date of birth 11-1-1892 (Month) (Day) (Year)
5. Sex M
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy .....
8. Mother married? Yes

FATHER OF CHILD

9. Full name Shirk (Surname) Hisey (First) Daniel (Middle)
10. Color or race white 11. Age at time of this birth 27 yrs.
12. Birthplace Taylor Township (City, town, or county) Union Cty., Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farmer

MOTHER OF CHILD

15. Full maiden name Grow (Surname) Telitha (First) Jane (Middle)
16. Color or race white 17. Age at time of this birth 23 yrs.
18. Birthplace Allen Twp. (City, town, or county) Union County, Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business housewife

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Wright
Address Raymond, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded
the original has never been placed of record
Your applicant hereby makes application for an order of the Court, directing the registration of his birth, *as provided by law.*

John James 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.*

John James Shirk *Applicant*

P. O. Address 355 Nye St., Marion, Ohio

Sworn to before me and signed in my presence this 27th *day of* May *19* 55.

(Notary Seal)

William L. Coleman
William L. Coleman, Notary Public
State of Ohio, Com. Exp. 8-17-57
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, William Myers, 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 Myers

P. O. Address 518 W. 7th St. Marysville, Ohio

Sworn to before me and signed in my presence this 27th *day of* May *19* 55.

(Seal)

Luther L. Liggett
Probate Judge
(Official Title)

The State of Ohio, Union **County, ss.**

I, Minnie Myers, 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 F. Myers

P. O. Address 518 W. 7th St., Marysville, Ohio

Sworn to before me and signed in my presence this 27th *day of* May *19* 55.

(Seal)

Luther L. Liggett
Probate Judge
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of birth
of John James Shirk

June 17, *19* 55

Case No. A-815

ORDER FOR HEARING

This day John James Shirk *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

(Seal) Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (if not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....
22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....
Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of John James Shirk

Probate Court, Union **County, Ohio**

June 17th *19*55

Case No. A-815

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of John James 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 William Myers and Minnie Myers of 518 West 7th Street, Marysville, Ohio, credible witnesses, and documentary evidence;
that notice of the hearing on said application has been dispensed with*; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Township of Taylor (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union, Township of Taylor
(c) Marysville, Ohio, R.F.D. #1 (City) (Village) (Township)
(d) Street No.....

3. Full name of child Shirk (Surname) John (First) James (Middle)
4. Date of birth 11-1-1892 (Month) (Day) (Year)
5. Sex M
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married? Yes

FATHER OF CHILD
9. Full name Shirk (Surname) Hisey (First) Daniel (Middle)
10. Color or race White 11. Age at time of this birth 27 yrs.
12. Birthplace Taylor Twp. (City, town, or county) Union Cty., Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farmer

MOTHER OF CHILD
15. Full maiden name Grow (Surname) Telitha (First) Jane (Middle)
16. Color or race white 17. Age at time of this birth 23 yrs.
18. Birthplace Allen Twp. (City, town, or county) Union Cty., Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business housewife
22. Attending Physician or Midwife:
Name Dr. Wright
Address Raymond, Ohio
M. D., midwife, or other..... Date signed.....

21. Children born to this mother:
(a) How many other children of this mother are now living? 2
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none
Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) Luther L. Liggett *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record
of Seth Jackson

Case No. A-816

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Route #2, Greentown, Indiana, Box 194; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Liberty Township (City) (Village) (Township)
(c) Name of hospital or institution: at home-Liberty Township, Union Co. 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 1 yr.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Liberty Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Jackson (Surname) Seth (First) (Middle)

4. Date of birth Dec. 30, 1904 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: Single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Jackson, Frank (Surname) (First) (Middle)
10. Color or race white — 11. Age at time of this birth 34 yrs.
12. Birthplace Liberty Township, Union Co. Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Clark, Ora Ann (Surname) (First) (Middle)
16. Color or race white — 17. Age at time of this birth 21 yrs.
18. Birthplace Liberty Township, Union Co. Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Charles A. Thompson
Address Raymond, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been correctly recorded *in that* the name should be Seth Jackson instead of Infant Jackson, the date of birth should be Dec. 30, 1904 instead of December 26, 1904, name of mother should be Ora Ann Clark instead of L. Clark as recorded in Vol. 3, Page 106, No.157, Records of Birth, Union County Probate Court, Ohio.

Your applicant prays that the record of birth be corrected as requested by law.

The State ..... **County, ss.**
The applicant ..... *believes.*

P. O. Address Route #2, Greentown, Indiana, Box 194

Sworn to before me and signed in my presence this 5th *day of* July *19* 55.

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Frank Jackson 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 Jackson

P. O. Address Peoria, Ohio

Sworn to before me and signed in my presence this 5th *day of* July *19* 55.

Mary Sanders
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Ora Ann Jackson 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.*

Ora Ann Jackson

P. O. Address Peoria, Ohio

Sworn to before me and signed in my presence this 5th *day of* July *19* 55.

Mary Sanders
Deputy-Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record
of Seth Jackson

July 5, 19 55

Case No. A-816

ORDER FOR HEARING

This day Seth Jackson *appeared in open court and filed an application for the* correction of his birth record

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ..... *and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

(Seal) Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Seth Jackson

Probate Court, Union **County, Ohio**

July 5, 1955

Case No. A-816

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Seth Jackson

for an order of The Court correcting his *birth record, as it is registered in the office of* Probate Court of Union County, Ohio, Vol.3, Page 106, No.157 of Birth Records of 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 Frank Jackson and Ora Ann Jackson, two credible witnesses and documentary evidence;

that notice of the hearing on said application has been dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Liberty Township (City) (Village) (Township)

(c) Name of hospital or institution: at home-Liberty Township, Union Co. 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 1 yr.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Liberty Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Jackson (Surname) Seth (First) (Middle)

4. Date of birth Dec. 30, 1904 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet Single If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Jackson, Frank (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 34 yrs.

12. Birthplace Liberty Township, Union Co. Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Clark, Ora Ann (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Liberty Township, Union Co. Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? none
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Charles A. Thompson
Address Raymond, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: his birth has not been correctly recorded in that the name should be Seth Jackson instead of Infant Jackson, the date of birth should be Dec.30, 1904 instead of December 26, 1904, name of mother should be Ora Ann Clark instead of L. Clark as recorded in Vol. 3, Page 106, No.157, Records of Birth, Union County Probate Court, Ohio.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of .....

for an order of The Court directing the registration of ..... *birth.*

....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* .....;

that notice of the hearing on said application has been .....; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: .....
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth
of Ralph E. Kilbury

Case No. A-817

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 508 Larcomb Ave.,Cols.,O.; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Darby Township (City) (Village) (Township)

(c) Name of hospital or institution: at home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community life
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Darby Township

(c) Union County
(City) (Village) (Township)

(d) Street No. .....

3. Full name of child Kilbury (Surname) Ralph (First) Emerson (Middle)

4. Date of birth Dec. 31, 1897 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: Single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Kilbury (Surname) Isaac (First) Almont (Middle)

10. Color or race White — 11. Age at time of this birth 26 yrs.

12. Birthplace Darby Township (City, town, or county) Union County (State or foreign country)

13. Usual occupation Farming

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Brown (Surname) Mary (First) Lorena (Middle)

16. Color or race White — 17. Age at time of this birth 23 yrs.

18. Birthplace Darby Township (City, town, or county) Union County (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? 1
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Jenkins
Address Plain City, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Volume 3, Page 114, No. 141 of the Birth Records of Union County, Ohio.
Your applicant hereby makes application for an order of the Court, directing the correction of his birth, *as provided by law.*

Ralph Emerson Kilbury *Applicant*

The State of 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 Kilbury *Applicant*

P. O. Address 508 Larcomb Ave., Columbus, Ohio

Sworn to before me and signed in my presence this 7th *day of* July *19* 55.

Constance L. Freeman
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, Florence Gertrude Nicol, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Florence Gertrude Nicol

P. O. Address Route # 1, Plain City, Ohio

Sworn to before me and signed in my presence this 7th *day of* July *19* 55.

Constance L. Freeman
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Isaac Almont Kilbury, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Isaac Almont Kilbury

P. O. Address Unionville Center, Ohio

Sworn to before me and signed in my presence this 7th *day of* July *19* 55.

Constance L. Freeman
Deputy Clerk
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth
of Ralph E. Kilbury

July 7 *19* 55

Case No. A-817

ORDER FOR HEARING

This day Ralph E. Kilbury *appeared in open court and filed an application for the* correction of his birth record

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that XXXX

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Ralph E. Kilbury

Probate Court, Union **County, Ohio**

July 7, *19* 55

Case No. A-817

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Ralph E. Kilbury *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court of Union County *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavit of persons having knowledge of the facts ; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Darby 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 life (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Darby Township
(c) Union County (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Kilbury (Surname) Ralph (First) Emerson (Middle)
4. Date of birth Dec. 31, 1897 (Month) (Day) (Year)
5. Sex Male
6. Twin or triplet Single If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy 9 mos.
8. Mother married? Yes

FATHER OF CHILD
9. Full name Kilbury (Surname) Isaac (First) Almont (Middle)
10. Color or race White 11. Age at time of this birth 26 yrs.
12. Birthplace Darby Township, (City, town, or county) Union County (State or foreign country)
13. Usual occupation Farming
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Brown (Surname) Mary (First) Lorena (Middle)
16. Color or race White 17. Age at time of this birth 23 yrs.
18. Birthplace Darby Township, (City, town, or county) Union County (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? 2
(b) How many other children were born alive but are now dead? 1
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Jenkins
Address Plain City, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

That the date of birth should be December 31, 1897 instead of September 13, 1897; and the name of the mother is Mary Lorena Brown instead of Polly Brown; and the name of the father is Isaac Almont Kilbury instead of Isaac Kilbury.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.* ....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)
4. Date of birth ..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy .....
8. Mother married? .....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, ...**County, Ohio**

In the Matter of the Registration of birth
of Della Yealey

Case No. 818

APPLICATION

Your applicant respectfully represents that .....*was born in* .....*County, Ohio; that* .....*now resides in* .....*; and that the following are the available facts with relation to* .....*birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County.....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet .....

If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother before this birth:

(a) How many other children of this mother were living?.....

(b) How many other children were born alive but were then dead?.....

(c) How many children were born dead?.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of .....*birth* .....

Your applicant hereby makes application for an order of the Court, directing ....., *as provided by law.*

..... *Applicant*

The State of Ohio, ...**County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as .....*verily believes.*

..... *Applicant*

P. O. Address.....

Sworn to before me and signed in my presence this .....*day of* .....*19*.....

.....

..... (Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ...**County, Ohio**

The State of Ohio, ...**County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address.....

Sworn to before me and signed in my presence this .....*day of* .....*19*.....

.....

..... (Official Title)

The State of Ohio, ...**County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

.....

P. O. Address.....

Sworn to before me and signed in my presence this .....*day of* .....*19*.....

.....

..... (Official Title)

The State of Ohio, ...**County, ss.**

I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

.....

P. O. Address.....

Sworn to before me and signed in my presence this .....*day of* .....*19*.....

.....

..... (Official Title)

Probate Court, ...**County, Ohio**

In the Matter of the .....
of .....

..... *19*.....

Case No......

ORDER FOR HEARING

This day .....*appeared in open court and filed an application for the* .....

It is ordered that hearing on said application.....

It is further ordered by The Court that .....*be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page..... ..... *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

.....*19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of.....

Probate Court, ...**County, Ohio**

.....*19*.....

Case No......

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of.....

for an order of The Court directing the registration of.....*birth.*

....., *having personally examined the applicant in open court,*

finds that the facts stated in the application are supported by.....

.....;

that notice of the hearing on said application has been.....*; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No.....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation.....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation.....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....Date signed.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

.....*Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Clifton Smith Dodge

Case No. A-818

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 1146 McAllister 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) Dover Township (City) (Village) (Township)
(c) Name of hospital or institution: at home-Dover Twp. Union Co. Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 1½ yr.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Dover Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child: Dodge (Surname) Clifton (First) Smith (Middle)

4. Date of birth Feb. 17, 1892 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: Single

If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name: Dodge, William Madison (Surname) (First) (Middle)
10. Color or race: white 11. Age at time of this birth: 23 yrs.
12. Birthplace: Jerome Twp. Union Co. Ohio (City, town, or county) (State or foreign country)
13. Usual occupation: Farmer
14. Industry or business: .....

MOTHER OF CHILD

15. Full maiden name: Smith, Nannie Belle (Surname) (First) (Middle)
16. Color or race: white 17. Age at time of this birth: 20 yrs.
18. Birthplace: Pulaski County, Kentucky (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
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name Dr. David 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.*

Clifton Smith Dodge *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.*

Clifton Smith Dodge *Applicant*
P. O. Address 1146 McAllister Ave., Columbus, Ohio

Sworn to before me and signed in my presence this 13th *day of* July *19* 55.

(Seal)

Mary Sanders
Deputy-Clerk (Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Nannie Belle Doge 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.*

Nannie Belle Dodg
P. O. Address Route #1, Ostrander, Ohio

Sworn to before me and signed in my presence this 13th *day of* July *19* 55.

(Seal)

Mary Sanders
Deputy-Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, Charles Owen no relation 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 Owen
P. O. Address Route #2, Marysville, Ohio

Sworn to before me and signed in my presence this 13th *day of* July *19* 55.

(Seal)

Mary Sanders
Deputy-Clerk (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Clifton Smith Dodge

July 13, 19 55

Case No. A-818

ORDER FOR HEARING

This day Clifton Smith Dodge *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

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Clifton Smith Dodge

Probate Court, Union **County, Ohio**

July 13, *19* 55

Case No. A-818

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Clifton Smith Dodge

for an order of The Court directing the registration of 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 Nannie Belle Dodge and Charles Owen, two credible witnesses and documentary evidence;

that notice of the hearing on said application has been dispensed with*; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Dover Township (City) (Village) (Township)

(c) Name of hospital or institution:
at home-Dover Twp. Union Co. Ohio
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 1½ yr.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Dover Township (City) (Village) (Township)

(d) Street No.....

3. Full name of child Dodge Clifton Smith
Surname First Middle

4. Date of birth Feb. 17, 1892 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet Single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Dodge, William Madison
Surname First Middle

10. Color or race white 11. Age at time of this birth 23 yrs.

12. Birthplace Jerome Twp. Union Co. Ohio
(City, town, or county) (State or foreign country)

13. Usual occupation Farmer

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Smith, Nannie Belle
Surname First Middle

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Pulaski County, Kentucky
(City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business.....

22. Attending Physician or Midwife:

Name Dr. David Henderson

Address Marysville, Ohio

.....

M. D., midwife, or other M.D. Date signed.....

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) Luther L. Liggett *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth
of George Peter Huber

Case No. A-819

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 90 E. Beechwold Blvd., Columbus, Ohio *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Marysville (City) (Village) (Township)
(c) Name of hospital or institution: at home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community life
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville, Ohio (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Huber (Surname) George (First) Peter (Middle)

4. Date of birth June 16, 1886 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet Single If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Huber (Surname) Henry (First) (Middle)
10. Color or race White 11. Age at time of this birth 47 yrs.
12. Birthplace Bavaria County, (City, town, or county) Germany (State or foreign country)
13. Usual occupation carpentry
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Fensel (Surname) Anna Elizabeth (First) (Middle)
16. Color or race White 17. Age at time of this birth 41 yrs.
18. Birthplace Darby Township, (City, town, or county) Union County, Ohio (State or foreign country)
19. Usual occupation housework
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 5
(b) How many other children were born alive but were then dead? 1
(c) How many children were born dead? 1

22. Attending Physician or Midwife:
Name Dr. James Southard
Address Marysville, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth .....*
Your applicant hereby makes application for an order of the Court, directing the correction as *, as provided by law.*

George Peter Huber *Applicant*

The State of 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 Peter Huber *Applicant*
P. O. Address 90 E. Beechwold Blvd., Columbus, Ohio

Sworn to before me and signed in my presence this 20th *day of* July *19* 55

Constance L. Freeman
Deputy Clerk
(Official Title)

AFFIDAVIT

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth
of George Peter Huber

The State of Ohio, Union **County, ss.**

I, ..., do hereby certify that I was the physician in attendance at the birth of ....., the applicant herein, and that the facts stated in the application are true, as I verily believe.

Attending Physician
P. O. Address .....

Sworn to before me and signed in my presence this ..... day of ..... 19 .....

.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, Anna Margaret Huber - 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.*

Anna Margaret Huber
P. O. Address 609 London Ave., Marysville, Ohio

Sworn to before me and signed in my presence this 20th *day of* July *19* 55.

Constance L. Freeman
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, John Michael Huber *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

John Michael Huber
P. O. Address 709 W. 7th St., Marysville, Ohio

Sworn to before me and signed in my presence this 20th *day of* July *19* 55

Constance L. Freeman
Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth
of George Peter Huber

July 20, 19 55

Case No. A-819

ORDER FOR HEARING

This day George Peter Huber *appeared in open court and filed an application for the* correction of his birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

~~It is further ordered by The Court that~~ ~~be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.~~

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of George Peter Huber

Probate Court, Union **County, Ohio**

July 20, 19 55

Case No. A-819

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of George Peter Huber *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court of Union County *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavit of of Anna Margaret Huber and John Michael Huber, persons having knowledge of the facts, and documentary evidence, *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution: at home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community life
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville, Ohio (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Huber (Surname) George (First) Peter (Middle)

4. Date of birth June 16, 1886 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet Single If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Huber (Surname) Henry (First) (Middle)

10. Color or race White 11. Age at time of this birth 47 yrs.

12. Birthplace Bavaria County, (City, town, or county) Germany (State or foreign country)

13. Usual occupation carpentry

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Fensel (Surname) Anna Elizabeth (First) (Middle)

16. Color or race White 17. Age at time of this birth 41 yrs.

18. Birthplace Darby Township, (City, town, or county) Union County, Ohio (State or foreign country)

19. Usual occupation housework

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? 1

22. Attending Physician or Midwife:
Name Dr. James Southard
Address Marysville, Ohio

M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:
That the registration of his birth has not been properly and accurately recorded in Volume 3, Page 80; that the name of applicant is George Peter Huber instead of Peter Huber as recorded; that the name of the mother is Anna Elizabeth Huber instead of Lizzie Fencil, as recorded.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, **County, Ohio**

19

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.*

..... *, having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ;

that notice of the hearing on said application has been ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: .....
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name .....
Address .....

M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record
of Billie Nile Sharp

Case No. A-820

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 173 West Winter St., Delaware, 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, R.F.D.#5, Paris Twp.
(City) (Village) (Township)
(c) Name of hospital or institution: Route #5, Marysville, Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 6 mos.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) R.F.D.#5 Paris Township
(City) (Village) (Township)
(d) Street No. .....

3. Full name of child Sharp (Surname) Billie (First) Nile (Middle)

4. Date of birth June 16, 1946 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mo.

8. Mother married? yes

FATHER OF CHILD

9. Full name Sharp, Ernest Grady (Surname) (First) (Middle)
10. Color or race white — 11. Age at time of this birth 31 yrs.
12. Birthplace Lacey Springs, Alabama (City, town, or county) (State or foreign country)
13. Usual occupation U. S. Army
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Mathews, June Marie (Surname) (First) (Middle)
16. Color or race white — 17. Age at time of this birth 21 yrs.
18. Birthplace New Castle, Pennsylvania (City, town, or county) (State or foreign country)
19. Usual occupation waitress
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. Angus MacIvor
Address Marysville, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Union County Department of Health, Reg.District 1277,Primary Reg. 3360, Registry No.24, in that father of child should be Ernest Grady Sharp instead of Robert Skillthorpe, Place of birth should be Marysville, R.F.D.#5, Paris Township, instead of Marysville, and that there were no children born to applicant's mother prior to her birth.

Your a ... *by law.*

The State ... *The un* ... *believes.*

applicant

P. O. Address .....

Sworn to before me and signed in my presence this 15th *day of* August *19* 55.

Mary Sanders
Deputy-Clerk
(Official Title)

(Seal)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....
(Official Title)

(Seal)

The State of Ohio, Union **County, ss.**

I, Jean Goche' , no relation 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.*

Jean Goche'

P. O. Address R.F.D.#5, Marysville, Ohio

Sworn to before me and signed in my presence this 15th *day of* August *19* 55.

Mary Sanders
Deputy-Clerk
(Official Title)

(Seal)

The State of Ohio, Union **County, ss.**

I, Marie Gautschi , no relation 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.*

Marie Gautschi

P. O. Address R.F.D.#5, Marysville, Ohio

Sworn to before me and signed in my presence this 15th *day of* August *19* 55.

Mary Sanders
Deputy-Clerk
(Official Title)

(Seal)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record
of Billie Nile Sharp

August 15, *19* 55

Case No. A-820

ORDER FOR HEARING

This day Billie Nile Sharp *appeared in open court and filed an application for the* correction of her birth record

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

~~It is further ordered by the Court that~~ ~~and hereby is appointed Special Master Commissioner to take sworn testimony on said application if the services of a Special Master Commissioner are necessary, and this cause is continued.~~

~~NOTICE OF HEARING RECORDED Page~~

(Seal) Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Billie Nile Sharp

Probate Court, Union **County, Ohio**

August 15, 1955

Case No. A-820

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Billie Nile Sharp

for an order of The Court correcting her *birth record, as it is registered in the office of* Union County Department of Health, Marysville, Ohio, Reg. District 1277, Primary Reg. 3360, Registry No. 24

The Court, on consideration of the evidence submitted, finds that the facts stated in the application are supported by the testimony of Jean Goche' and Marie Gautschi, two credible witnesses and documentary evidence;

that notice of the hearing on said application has been dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County: Union

(b) Marysville, R.F.D.#5, Paris Twp. (City) (Village) (Township)

(c) Name of hospital or institution: Route #5, Marysville, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ..... In this community 6 mos. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State: Ohio

(b) County: Union

(c) Marysville, Ohio, R.F.D. Paris Twp. (City) (Village) (Township)

(d) Street No. .....

3. Full name of child: Sharp (Surname) Billie (First) Nile (Middle)

4. Date of birth: June 16, 1946 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: single If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mo.

8. Mother married? yes

FATHER OF CHILD

9. Full name: Sharp, Ernest Grady (Surname) (First) (Middle)

10. Color or race: white 11. Age at time of this birth: 31 yrs.

12. Birthplace: Lacey Springs, Alabama (City, town, or county) (State or foreign country)

13. Usual occupation: U. S. Army

14. Industry or business: .....

MOTHER OF CHILD

15. Full maiden name: Mathews, June Marie (Surname) (First) (Middle)

16. Color or race: white 17. Age at time of this birth: 21 yrs.

18. Birthplace: New Castle, Pennsylvania (City, town, or county) (State or foreign country)

19. Usual occupation: Waitress

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. Angus MacIvor
Address: Marysville, Ohio
M. D., midwife, or other: M.D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

her birth has not been accurately recorded in Union County Department of Health, Reg. District 1277, Primary Reg. 3360, Registry No. 24, in that father of child should be Ernest Grady Sharp instead of Robert Skillthorpe, Place of birth should be Marysville, R.F.D.#5, Paris Township, instead of Marysville, and that there were no children born to applicant's mother prior to her birth.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of .....

for an order of The Court directing the registration of ..... *birth.*

....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* .....;

that notice of the hearing on said application has been .....; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth *of* Lemuel Nelson Hendrix

Case No. A-821

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Route # 3, Richwood, Ohio.; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Washington 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 3 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Washington Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Hendrix (Surname) Lemuel (First) Nelson (Middle)

4. Date of birth 9-30-1890 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: Single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Hendrix (Surname) George (First) Fredrick (Middle)
10. Color or race white — 11. Age at time of this birth ..... yrs.
12. Birthplace not known (City, town, or county) Ohio (State or foreign country)
13. Usual occupation laborer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Roby (Surname) Julia (First) Ann (Middle)
16. Color or race White — 17. Age at time of this birth ..... yrs.
18. Birthplace not known (City, town, or county) housewife (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 1
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Miller
Address Byhalia, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth .....*

Your applicant hereby makes application for an order of the Court, directing the registration of birth, *as provided by law.*

Lemuel Nelson Hendrix *Applicant*

The State of 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 Nelson Hendrix *Applicant*

P. O. Address Route # 3, Richwood, Ohio

Sworn to before me and signed in my presence this 23 *day of* August *19* 55

Constance L. Freeman
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Laura Rinehart, Aunt of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Laura Rinehart

P. O. Address Route # 1, Peoria, Ohio

Sworn to before me and signed in my presence this 23rd *day of* August *19* 55

Constance L. Freeman
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Emma Engle, 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.*

Emaline Engle

P. O. Address Route # 1, Peoria, Ohio

Sworn to before me and signed in my presence this 23rd *day of* August *19* 55

Constance L. Freeman
Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of birth *of* Lemuel Nelson Hendrix

September 6, *19* 55.

Case No. A-821

ORDER FOR HEARING

This day Lemuel Nelson Hendrix *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

~~It is further ordered by The Court that ..... be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary~~ and this cause is continued.

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, Union **County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....
22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....
Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Lemuel Nelson Hendrix

Probate Court, Union **County, Ohio**

September 6, *19* 55

Case No. A-821

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lemuel Nelson Hendrix
for an order of The Court directing the registration of 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, Laura Rinehart and Emaline Engle and documentary evidence;
that notice of the hearing on said application has been dispensed with*; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Washington township (City) (Village) (Township)
(c) Name of hospital or institution:
at home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 3 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Washington Township (City) (Village) (Township)
(d) Street No.....

3. Full name of child Hendrix (Surname) Lemuel (First) Nelson (Middle)
4. Date of birth 9-30-1890 (Month) (Day) (Year)
5. Sex Male
6. Twin or triplet Single If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD
9. Full name Hendrix (Surname) Lemuel (First) Nelson (Middle)
10. Color or race White 11. Age at time of this birth.....yrs.
12. Birthplace not known (City, town, or county) Ohio (State or foreign country)
13. Usual occupation laborer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Roby (Surname) Julia (First) Ann (Middle)
16. Color or race White 17. Age at time of this birth.....yrs.
18. Birthplace not known (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business.....
22. Attending Physician or Midwife:
Name Dr. Miller
Address Byhalia, Ohio
.....
M. D., midwife, or other..... Date signed.....

21. Children born to this mother:
(a) How many other children of this mother are now living? 1
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0
Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*
Constance L. Freeman
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth
of James Victor Elliott

Case No. A-822

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Route #3, Richwood, Ohio *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Route # 2, Richwood, Ohio (City) (Village) (Township)
(c) Name of hospital or institution: at home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 6 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Route # , Richwood, Ohio (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Elliott (Surname) James (First) Victor (Middle)

4. Date of birth 9-21-1890 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet Single If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Elliott (Surname) Wesley (First) (Middle)
10. Color or race White 11. Age at time of this birth 19 yrs.
12. Birthplace Taylor Township, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farming
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Alexander (Surname) Callie (First) (Middle)
16. Color or race White 17. Age at time of this birth 19 yrs.
18. Birthplace Thompson Township, 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? 0
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. W. B. Duke
Address Richwood, Ohio
.....
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Volume 3, Page 54 of birth records of Union co.
Your applicant hereby makes application for an order of the Court, directing the correction if his birth *as provided by law.*

James Victor Elliott *Applicant*

The State of Ohio, Ohio **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

James Victor Elliott *Applicant*

P. O. Address Route # 3, Richwood, Ohio

Sworn to before me and signed in my presence this 8th *day of* September *1955.*

Constance L. Freeman
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Robert Ports, Sr. neighbor 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.*

Robert Ports, Sr.

P. O. Address Route # 2, Richwood, Ohio

Sworn to before me and signed in my presence this 8th *day of* September *1955.*

Constance L. Freeman
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, C. E. Kinney neighbor of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

C. E. Kinney

P. O. Address Route # 2, Richwood, Ohio

Sworn to before me and signed in my presence this 8th *day of* September *19* 55.

Constance L. Freeman
Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth
of James Victor Elliott

September 8 *19* 55

Case No. A-822

ORDER FOR HEARING

This day James Victor Elliott *appeared in open court and filed an application for the* correction of his birth

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with ~~as further ordered by the Court that~~ ~~the Clerk issue~~ ~~subpoenas to witnesses to testify on said application, if the services of a Special Master Commissioner are necessary;~~ and this cause is continued.

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of James Victor Elliott

Probate Court, Union **County, Ohio**

September 8 *19* 55

Case No. A-822

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of James Victor Elliott *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court of Union County *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavit of two persons having knowledge of the facts and documentary evidence ; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Route #2, Richwood, Ohio (City) (Village) (Township)

(c) Name of hospital or institution:

at home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 6 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Route #, Richwood, Ohio (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Elliott (Surname) James (First) Victor (Middle)

4. Date of birth 9-21-1890 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet Single If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos

8. Mother married? yes

FATHER OF CHILD

9. Full name Elliott (Surname) Wesley (First) (Middle)

10. Color or race White 11. Age at time of this birth 19 yrs.

12. Birthplace Taylor Township, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Farming

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Alexander (Surname) Callie (First) (Middle)

16. Color or race White 17. Age at time of this birth 19 yrs.

18. Birthplace Thompson Township, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? 0
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. W. B. Duke
Address Richwood, Ohio

M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

That applicant's name is recorded as Frank Elliotte and should be recorded as James Victor Elliott; that the surname is recorded as Elliotte and should be recorded as Elliott.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.*

....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name .....
Address .....

M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of birth
of Dorothy Alice Winkle

Case No. A-823

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Route # 3, Richwood, Ohio, *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Liberty Township, Union County
(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 Putnam
(c) Leipsig, Ohio
(City) (Village) (Township)
(d) Street No. .....

3. Full name of child Winkle (Surname) Dorothy (First) Alice (Middle)
4. Date of birth 1-18-1905 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet Single — If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD

9. Full name Winkle (Surname) James (First) (Middle)
10. Color or race White — 11. Age at time of this birth 40 yrs.
12. Birthplace Pennsylvania (City, town, or county) ..... (State or foreign country)
13. Usual occupation Farming
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Winkle (Surname) Della (First) (Middle)
16. Color or race White — 17. Age at time of this birth 30 yrs.
18. Birthplace Putnam County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 5
(b) How many other children were born alive but were then dead? 4
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Thompson
Address York Township, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth .....*
Your applicant hereby makes application for an order of the Court, directing the registration of her birth, *as provided by law.*

Dorothy Alice 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.*

Dorothy Alice Winkle *Applicant*
P. O. Address Route # 3, Richwood, Ohio

Sworn to before me and signed in my presence this 8th *day of* September *19* 55

Constance L. Freeman
Deputy Clerk
(Official Title)

AFFIDAVIT

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Dorothy Alice Winkle

The State of Ohio, Union **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Norman Williams Friend 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.*

Norman Williams
P. O. Address Box 2, Marysville, Ohio

Sworn to before me and signed in my presence this 8th *day of* September *19* 55

Constance L. Freeman
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Ellis V. Bosart Friend 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 V. Bosart
P. O. Address Route # 1, West Mansfield, Ohio

Sworn to before me and signed in my presence this 8th *day of* September *19* 55

Constance L. Freeman
Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Dorothy Alice Winkle

September 8, 1955
Case No. A-823

ORDER FOR HEARING

This day Dorothy Alice Winkle *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~~ ~~the applicant be and hereby is appointed Special Master Commissioner to take such testimony on said application, if the services of a Special Master Commissioner are necessary;~~ *and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Dorothy Alice Winkle

Probate Court, Union County, Ohio

September 8, 1955

Case No. A-823

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Dorothy Alice Winkle *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* ; *that notice of the hearing on said application has been* ; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County
(b) (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution In this community
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State
(b) County
(c) (City) (Village) (Township)
(d) Street No.

3. Full name of child (Surname) (First) (Middle)
4. Date of birth (Month) (Day) (Year)
5. Sex
6. Twin or triplet If so—born 1st, 2d, or 3d
7. Number months of pregnancy
8. Mother married?

FATHER OF CHILD
9. Full name (Surname) (First) (Middle)
10. Color or race 11. Age at time of this birth yrs.
12. Birthplace (City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD
15. Full maiden name (Surname) (First) (Middle)
16. Color or race 17. Age at time of this birth yrs.
18. Birthplace (City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name
Address
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

Probate Judge.

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Dorothy Alice Winkle

Probate Court, Union County, Ohio

September 8, 1955

Case No. A-823

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Dorothy Alice Winkle *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 Norman Williams and Ellis V. Bosart, two credible witnesses, and documentary evidence ; *that notice of the hearing on said application has been* dispensed with ; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Liberty Township, Union County (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 Putnam
(c) Leipsig, Ohio (City) (Village) (Township)
(d) Street No.

3. Full name of child Winkle (Surname) Dorothy (First) Alice (Middle)
4. Date of birth 1-18-1905 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet Single If so—born 1st, 2d, or 3d
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD
9. Full name Winkle (Surname) James (First) (Middle)
10. Color or race White 11. Age at time of this birth 40 yrs.
12. Birthplace Pennsylvania (City, town, or county) (State or foreign country)
13. Usual occupation Farming
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Winkle (Surname) Della (First) (Middle)
16. Color or race White 17. Age at time of this birth 30 yrs.
18. Birthplace Putnam County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living? 5
(b) How many other children were born alive but are now dead? 4
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Thompson
Address York Center, Ohio
M. D., midwife, or other Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Leila M. McDaniel

Case No. A-824

APPLICATION

Your applicant respectfully represents that seh *was born in* Union *County, Ohio; that* she *now resides in* 1507 Cardiff Road, Columbus, Ohio, *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Jackson Township
(City) (Village) (Township)
(c) Name of hospital or institution: at home-Jackson Township, Union Co. 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 6 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jackson Township
(City) (Village) (Township)
(d) Street No. .....

3. Full name of child McDaniel (Surname) Leila (First) M. (Middle)

4. Date of birth Jan. 5, 1897 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name McDaniel (Surname) John (First) M. (Middle)
10. Color or race white — 11. Age at time of this birth 40 yrs.
12. Birthplace Brown County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Thomas, Josephine (Surname) (First) (Middle)
16. Color or race white — 17. Age at time of this birth 38 yrs.
18. Birthplace Illinois (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 8
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? 1

22. Attending Physician or Midwife:
Name None
Address .....
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of 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.*

Leila M. McDaniel Folk *Applicant*

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.*

Leila M. McDaniel Folk *Applicant*

P. O. Address 1507 Cardiff Road, Columbus 21, Ohio

Sworn to before me and signed in my presence this 14th *day of* September *19*55.

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

(Seal)

(Official Title)

The State of Ohio, Union **County, ss.**

I, Esta Sanders, no relation 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.*

Esta Sanders

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 14th *day of* September *19*55.

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Lucy A. Swartz, no relation 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.*

Lucy Swartz

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 14th *day of* September *19*55.

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Leila M. McDaniel

September 14, 19 55

Case No. A-824

ORDER FOR HEARING

This day Leila M. McDaniel *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

(Seal) Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Leila M. McDaniel

Probate Court, Union **County, Ohio**

September 14, *19* 55

Case No. A-824

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Leila M. McDaniel

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* Esta Sanders and Lucy A. Swartz, two credible witnesses and documentary evidence;

that notice of the hearing on said application has been dispensed with*; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Jackson Township (City) (Village) (Township)

(c) Name of hospital or institution:

at home-Jackson Township, Union Co. 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 6 yr. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jackson Township (City) (Village) (Township)

(d) Street No.....

3. Full name of child McDaniel (Surname) Leila (First) M. (Middle)

4. Date of birth Jan. 5, 1897 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet Single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name McDaniel (Surname) John (First) M. (Middle)

10. Color or race white 11. Age at time of this birth 40 yrs.

12. Birthplace Brown County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Farmer

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Thomas, Josephine (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 38 yrs.

18. Birthplace Illinois (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

22. Attending Physician or Midwife:

Name None

Address .....

.....

M. D., midwife, or other..... Date signed.....

21. Children born to this mother:

(a) How many other children of this mother are now living? 8

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? 1

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) Luther L. Liggett *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Lois Lucinda Fenner

Case No. A-825

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Marysville, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Irwin Station (City) (Village) (Township)
(c) Name of hospital or institution: at home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community life
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Irwin Station (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Fenner (Surname) Lois (First) Lucinda (Middle)

4. Date of birth 6-6-1891 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: Single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Fenner (Surname) Ira (First) H. (Middle)
10. Color or race White 11. Age at time of this birth ..... yrs.
12. Birthplace Union County (City, town, or county) ..... (State or foreign country)
13. Usual occupation Farming
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Berry (Surname) Emma (First) Barthena (Middle)
16. Color or race White 17. Age at time of this birth 24 yrs.
18. Birthplace Broadway, Ohio (City, town, or county) ..... (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Applegate
Address Irwin Station, Ohio
.....
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration of her birth *, as provided by law.*

Lois Lucinda Fenner 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 she *verily believes.*

Lois Lucinda Fenner Stillings *Applicant*
P. O. Address 176 Elwood Avenue, Marysville, Ohio

Sworn to before me and signed in my presence this 4th *day of* October *19* 55.

Constance L. Freeman
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

.....
.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, J. E. 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.*

J. E. Williams
P. O. Address Woodstock, Ohio

Sworn to before me and signed in my presence this 4th *day of* October *19* 55.

Constance L. Freeman
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Emma Williams - sister-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.*

Emma Williams
P. O. Address Woodstock, Ohio

Sworn to before me and signed in my presence this 4th *day of* October *19* 55.

Constance L. Freeman
Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Lois Lucinda Fenner

October 6, *19* 55
Case No. A-825

ORDER FOR HEARING

This day Lois Lucinda Fenner *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 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX *be and hereby is appointed Special Master Commissioner to take such testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Lois Lucinda Fenner

Probate Court, Union **County, Ohio**

October 6, *19* 55

Case No. A-825

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lois Lucinda Fenner
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. E. Williams and Emma Williams, two credible witnesses, and documentary evidence;
that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Irwin Station (City) (Village) (Township)
(c) Name of hospital or institution:
at home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community life
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Irwin Station (City) (Village) (Township)
(d) Street No.....

3. Full name of child Fenner (Surname) Lois (First) Lucinda (Middle)

4. Date of birth 6-6-1891 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet Single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Fenner (Surname) Ira (First) H. (Middle)
10. Color or race White 11. Age at time of this birth.....yrs.
12. Birthplace Union County (City, town, or county) ..... (State or foreign country)
13. Usual occupation Farming
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Berry (Surname) Emma (First) Barthena (Middle)
16. Color or race White 17. Age at time of this birth 24 yrs.
18. Birthplace Broadway, Ohio (City, town, or county) ..... (State or foreign country)
19. Usual occupation Housewife
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living? 2
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Applegate
Address Irwin Station, Ohio
.....
M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of birth

of Earl Bennett Poling

Case No. A-826

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Route #4, Marysville, Ohio/Union County *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County: Union

(b) (City) Allen Township (Village) (Township)

(c) Name of hospital or institution: at home - Allen Township, Union Co. 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: 14 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State: Ohio

(b) County: Union

(c) (City) Allen Township (Village) (Township)

(d) Street No. .....

3. Full name of child: Poling (Surname) Earl (First) Bennett (Middle)

4. Date of birth: April 6, 1914 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: Single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name: Poling (Surname) Charles (First) William (Middle)

10. Color or race: white — 11. Age at time of this birth: 41 yrs.

12. Birthplace: Allen Twp. Union Co. Ohio (City, town, or county) (State or foreign country)

13. Usual occupation: Farmer

14. Industry or business: .....

MOTHER OF CHILD

15. Full maiden name: Blake (Surname) Lora (First) Eliza (Middle)

16. Color or race: white — 17. Age at time of this birth: 29 yrs.

18. Birthplace: Paulding County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation: Housewife

20. Industry or business: .....

21. Children born to this mother 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. Wills
Address: Milford Center, Ohio
M. D., midwife, or other: M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* 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 Bennett 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.*

Earl Bennett Poling *Applicant*

P. O. Address Route #4, Marysville, Ohio

Sworn to before me and signed in my presence this 24th *day of* October *19* 55.

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, Charles W. Poling, father of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Chas W. Poling

P. O. Address Route #4, Marysville, Ohio

Sworn to before me and signed in my presence this 24th *day of* October *19* 55.

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, W. J. Dasher, no relation 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. J. Dasher

P. O. Address Route #5, Marysville, Ohio

Sworn to before me and signed in my presence this 24th *day of* October *19* 55.

Mary Sanders
Deputy-Clerk
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Registration of birth
of Earl Bennett Poling

October 24, *19* 55

Case No. A-826

ORDER FOR HEARING

This day Earl Bennett Poling *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

(Seal) Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... (Surname) (First) (Middle)
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d. or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... (Surname) (First) (Middle)
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....
22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....
Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Earl Bennett Poling

Probate Court, Union **County, Ohio**

October 24, *19* 55

Case No. A-826

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Earl Bennett Poling
for an order of The Court directing the registration of 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. Poling and W. J. Dasher, two credible witnesses, and documentary evidence; *that notice of the hearing on said application has been* dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Allen Township (City) (Village) (Township)
(c) Name of hospital or institution:
at home - Allen Township, Union Co. 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 14 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Allen Township (City) (Village) (Township)
(d) Street No.....

3. Full name of child Poling (Surname) Earl (First) Bennett (Middle)
4. Date of birth April 6, 1914 (Month) (Day) (Year)
5. Sex Male
6. Twin or triplet Single If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD
9. Full name Poling, Charles William (Surname) (First) (Middle)
10. Color or race white 11. Age at time of this birth 41 yrs.
12. Birthplace Allen Twp. Union Co. Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Blake, Lora Eliza (Surname) (First) (Middle)
16. Color or race white 17. Age at time of this birth 29 yrs.
18. Birthplace Paulding County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business.....
22. Attending Physician or Midwife:
Name Dr. Wills
Address Milford Center, Ohio
.....
M. D., midwife, or other M.D. Date signed.....

21. Children born to this mother:
(a) How many other children of this mother are now living? none
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none
Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) Luther L. Liggett *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of birth
of Nelle McIlroy of Austin, Texas

Case No. A-827

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Austin, Texas *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union County Ohio
(b) Liberty (City) (Village) (Township)
(c) Name of hospital or institution: Home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution none In this community
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Liberty (City) (Village) (Township)
(d) Street No.

3. Full name of child McIlroy (Surname) Nelle (First) (Middle)

4. Date of birth Jan. 30. 1885 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet single If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name McIlroy (Surname) Jahn (First) Marion (Middle)
10. Color or race white 11. Age at time of this birth 44 yrs.
12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Hubbard (Surname) Emma (First) (Middle)
16. Color or race white 17. Age at time of this birth 44 yrs.
18. Birthplace Licking County Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? 4
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name John Q Southard
Address Marysville, Ohio
now deceased
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing , *as provided by law.*

Nelle McIlroy *Applicant*

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.*

Nelle McIlroy *Applicant*

P. O. Address Austin Texas

Sworn to before me and signed in my presence this 25th *day of* October *19* 55.

Mary Sanders
Deputy-Clerk
(Official Title)

(Seal)

AFFIDAVIT

In the Matter of
of

Probate Court, **County, Ohio**

The State of Ohio, **County, ss.**

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*

(Official Title)

The State of Ohio, Union **County, ss.**

I, Pearl McIlroy first cousin of Nelle McIlroy *, do hereby certify that 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 McIlroy

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 25th *day of* October *19* 55.

Mary Sanders
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Belle Robertson first cousin of Nelle McIlroy *, do hereby certify that 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 Robertson

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 25th *day of* October *19* 55.

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Nelle McIlroy

October 25th, *19* 55

Case No. A-827

ORDER FOR HEARING

This day Nelle McIlroy *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 the and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.

NOTICE OF HEARING RECORDED Page

(Seal) Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....
22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....
Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Nelle McIlroy

Probate Court, Union **County, Ohio**

October 25, *19* 55

Case No. A-827

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Nelle McIlroy
for an order of The Court directing the registration of her *birth.*
The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Pearl McIlroy and Belle Robertson credible witnesses and documentary evidence;
that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Liberty (City) (Village) (Township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution none In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Liberty (City) (Village) (Township)
(d) Street No.....

3. Full name of child McIlroy Nelle ..... Surname First Middle
4. Date of birth Jan. 30, 1885 (Month) (Day) (Year)
5. Sex female
6. Twin or triplet single If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name McIlroy John Marion Surname First Middle
10. Color or race white 11. Age at time of this birth 44 yrs.
12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Hubbard Emma Surname First Middle
16. Color or race white 17. Age at time of this birth 44 yrs.
18. Birthplace Licking County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business.....
22. Attending Physician or Midwife:
Name John Q. Southard
Address Marysville, Ohio
deceased
M. D., midwife, or other M.D. Date signed.....

21. Children born to this mother:
(a) How many other children of this mother are now living? none
(b) How many other children were born alive but are now dead? 4
(c) How many children were born dead? none
Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) Luther L. Liggett .....*Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the correction
of birth record of Homer Flickinger

Case No. A-828

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Vanderbilt, Michigan *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) York 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 15 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) York Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Flickinger (Surname) Homer (First) ..... (Middle)

4. Date of birth 3-20-1886 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: Single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Flickinger (Surname) W. (First) E. (Middle)
10. Color or race White — 11. Age at time of this birth 39 yrs.
12. Birthplace ..... (City, town, or county) Tuscarawas Co. (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Green (Surname) Lois (First) M. (Middle)
16. Color or race White — 17. Age at time of this birth 37 yrs.
18. Birthplace Liberty Township, (City, town, or county) Union County (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 5
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Volume 2, Page 93 of the birth records of Union County, Ohio.
Your applicant hereby makes application for an order of the Court, directing the correction of his birth *as provided by law.*

Homer Flickinger *Applicant*

The State of Ohio, Union **County.**
The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Homer Flickinger *Applicant*
P. O. Address Vanderbilt, Michigan

Sworn to before me and signed in my presence this 9th *day of* November *19* 55.

Constance L. Freeman
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

.....
.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, Charles Burgess Phelps , Neighbor 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 Burgess Phelps
P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 9th *day of* November *19* 55.

Constance L. Freeman
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, A. D. Brown, Neighbor 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.*

A. D. Brown
P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 9th *day of* November *19*55.

Constance L. Freeman
Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Homer Flickinger

November 9, *19*55

Case No. A-828

ORDER FOR HEARING

This day Homer Flickinger *appeared in open court and filed an application for the* correction of his birth record

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony in said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Homer Flickinger

Probate Court, Union **County, Ohio**

November 9, 1955

Case No. A-828

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Homer Flickinger *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court of Union County, Ohio *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of two credible witnesses, Charles Burgess Phelps and A. D. Brown, and documentary evidence; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) York 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 15 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) York Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Flickinger (Surname) Homer (First) (Middle)
4. Date of birth 3-20-1886 (Month) (Day) (Year)
5. Sex Male
6. Twin or triplet Single If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD
9. Full name Flickinger (Surname) W. (First) E. (Middle)
10. Color or race White 11. Age at time of this birth 39 yrs.
12. Birthplace ..... (City, town, or county) Tuscarawas County (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Green (Surname) Lois (First) M. (Middle)
16. Color or race White 17. Age at time of this birth 37 yrs.
18. Birthplace Liberty Township (City, town, or county), Union County, Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....
22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other .....

21. Children born to this mother:
(a) How many other children of this mother are now living? 5
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:
That applicant's name is recorded as (Not named) Flickinger and should be recorded as Homer Flickinger.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

..... 19.....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.*

....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* .....; *that notice of the hearing on said application has been* .....; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution: .....
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)
4. Date of birth ..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy .....
8. Mother married? .....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business .....
22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of birth

of Eugene Frank Bouic

Case No. A-829

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Millcreek Township, Union County, Ohio, Route #2. Ostrander, Ohio; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Millcreek Township (City) (Village) (Township)

(c) Name of hospital or institution: at home-Millcreek Twp., Union Co. Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ..... In this community 8 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Millcreek Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Bouic (Surname) Eugene (First) Frank (Middle)

4. Date of birth Nov. 9. 1912 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Bouic, (Surname) Frank (First) Jacob (Middle)

10. Color or race white — 11. Age at time of this birth 40 yrs.

12. Birthplace Millcreek Twp. Union Co. Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Weaver, (Surname) Frances (First) Susan (Middle)

16. Color or race white — 17. Age at time of this birth 39 yrs.

18. Birthplace Delaware County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? five
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Fay
Address Ostrander. Ohio. Delaware Co.
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth, *as provided by law.*

Eugene Frank Bouic *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Eugene Frank Bouic *Applicant*

P. O. Address Route #2. Ostrander. Ohio

Sworn to before me and signed in my presence this 27th *day of* December *19* 55.

(Seal)

Mary Sanders

Deputy-Clerk (Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Estella Main nc relation 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.*

Estella Main

P. O. Address Route #2. Ostrander. Ohio

Sworn to before me and signed in my presence this 27th *day of* December *19* 55.

(Seal)

Mary Sanders

Deputy-Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, John W. Bouic 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.*

John W. Bouic

P. O. Address Route #2. Ostrander Ohio

Sworn to before me and signed in my presence this 27th *day of* December *19* 55.

(Seal)

Mary Sanders

Deputy-Clerk (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of birth

of Eugene Frank Bouic

Eugene Frank Bouic

December 27th. 19 55

Case No. A-829

ORDER FOR HEARING

This day ..... *appeared in open court and filed an application for the* registration of his birth *with.*

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

(Seal) Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Eugene Frank Bouic

Probate Court, Union **County, Ohio**

December 27, *19* 55

Case No. A-829

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Eugene Frank Bouic
for an order of The Court directing the registration of 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 Estella Main and John W. Bouic, two credible witnesses, and documentary evidence;
that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Millcreek Township (City) (Village) (Township)
(c) Name of hospital or institution:
at home-Millcreek Twp., Union Co. Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 8 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Millcreek Township (City) (Village) (Township)
(d) Street No.....

3. Full name of child Bouic Eugene Frank (Surname First Middle)

4. Date of birth Nov. 9. 1912 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Bouic. Frank Jacob (Surname First Middle)
10. Color or race white 11. Age at time of this birth 40 yrs.
12. Birthplace Millcreek Twp. Union Co. Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Weaver. Frances Susan (Surname First Middle)
16. Color or race white 17. Age at time of this birth 39 yrs.
18. Birthplace Delaware County. Ohio (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living? 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. Fay
Address Ostrander. Ohio. Delaware Co.
.....
M. D., midwife, or other M.D. Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) Luther L. Liggett *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of John Nathan Heller

Case No. A-830

APPLICATION

Your applicant respectfully represents that he *was born in* Hardin *County, Ohio; that* he *now resides in* Marysville *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Hardin
(b) Kenton (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 1 yr.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Heller (Surname) John (First) Nathan (Middle)

4. Date of birth 10/19/08 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: Single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Heller (Surname) Frank (First) (Middle)
10. Color or race White 11. Age at time of this birth 35 yrs.
12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation business man
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Parthemer (Surname) Bessie (First) (Middle)
16. Color or race White 17. Age at time of this birth 29 yrs.
18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 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 not known
Address .....
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has been destroyed

Your applicant hereby makes application for an order of the Court, directing the registration of birth *, as provided by law.*

John Nathan Heller *Applicant*

The State of 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 Nathan Heller *Applicant*

P. O. Address 221 Ash Street, Marysville, Ohio

Sworn to before me and signed in my presence this 14th *day of* January *19* 56.

Mary Sanders
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....
.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, Anna Gunderman, *do hereby certify that 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 Gunderman

P. O. Address 613 N. Main St. Marysville, Ohio

Sworn to before me and signed in my presence this 14th *day of* January *19* 56.

Mary Sanders
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Clarence Brown, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Clarence Brown

P. O. Address 816 Collins Ave. Marysville, Ohio

Sworn to before me and signed in my presence this 14th *day of* January *19* 56.

Mary Sanders
Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of birth
of John Nathan Heller

January 14 *19* 56

Case No. A-830

ORDER FOR HEARING

This day John Nathan Heller *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of John Nathan Heller

Probate Court, Union **County, Ohio**

January 14 *1956*

Case No. A-830

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of John Nathan Heller

for an order of The Court directing the registration of 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 Gunderman and Clarence Brown, two credible witnesses and documentary evidence; *that notice of the hearing on said application has been* dispensed with*; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Hardin

(b) Kenton, Ohio (City) (Village) (Township)

(c) Name of hospital or institution:

at home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 1 yr. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Hardin

(c) Kenton, (City) (Village) (Township)

(d) Street No.....

3. Full name of child Heller (Surname) John (First) Nathan (Middle)

4. Date of birth Oct. 19, 1908 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Heller (Surname) Frank (First) (Middle)

10. Color or race White 11. Age at time of this birth 35 yrs.

12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation business man

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Parthemer (Surname) Bessie (First) (Middle)

16. Color or race White 17. Age at time of this birth 29 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business.....

22. Attending Physician or Midwife:

Name not known

Address .....

.....

M. D., midwife, or other..... Date signed.....

21. Children born to this mother:

(a) How many other children of this mother are now living? One

(b) How many other children were born alive but are now dead? None

(c) How many children were born dead? None

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Correction
of Birth Record of Morey Thompson

Case No. A-831

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville, Ohio, Union County, *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Millcreek Twp. (City) (Village) (Township)
(c) Name of hospital or institution: at home-Millcreek Twp., Union County, Ohio (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 42 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Millcreek Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Thompson (Surname) Morey (First) (Middle)
4. Date of birth Oct. 29, 1894 (Month) (Day) (Year)
5. Sex Male
6. Twin or triplet single If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD

9. Full name Thompson (Surname) John (First) (Middle)
10. Color or race White 11. Age at time of this birth 61 yrs.
12. Birthplace Millcreek Twp. Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Allen (Surname) Mary (First) (Middle)
16. Color or race White 17. Age at time of this birth 42 yrs.
18. Birthplace Madison County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? five
(b) How many other children were born alive but were then dead? three
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Thomas Pride Shields
Address Watkins, Millcreek Twp. Union County, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth has not been properly and accurately recorded in Vol. 3 page 194 of the birth records of Union Co., O. That applicant's name is recorded as (not named) Thompson and should be recorded as Morey Thompson*
Your applicant hereby makes application for an order of the Court, directing the correction of his birth, as provided by law.

Morey 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.*

Morey Thompson *Applicant*

P. O. Address 328 E. 4th St., Marysville, Ohio

Sworn to before me and signed in my presence this 26th *day of* March *19* 56.

Mary Sanders
Deputy Clerk (Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, C. C. Graham, no relation of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

C. C. Graham

P. O. Address 111½ N. Main St., Marysville, Ohio

Sworn to before me and signed in my presence this 26th *day of* March *19* 56.

Mary Sanders
Deputy Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, Marion Andrews, no relation 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.*

Marion Andrews

P. O. Address Cottage Hotel, Marysville, Ohio

Sworn to before me and signed in my presence this 26th *day of* March *19* 56.

Mary Sanders
Deputy Clerk (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of birth record
of Morey Thompson

March 26th *19* 56

Case No. A-831

ORDER FOR HEARING

This day Morey Thompson *appeared in open court and filed an application for the* correction of his birth record.

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with

It is further ordered by The Court that xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Morey Thompson

Probate Court, Union **County, Ohio**

March 26th 1956

Case No. A-831

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Morey Thompson *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate County, Union Co., O., Rec. of Births, Vol. 3, Page 194. *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of two credible witnesses, C. C. Graham and Marion Andrews, and documentary evidence; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Millcreek Twp. (City) (Village) (Township)

(c) Name of hospital or institution: at home - Millcreek Twp., Union Co., Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ..... In this community 42 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Millcreek Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Thompson (Surname) Morey (First) (Middle)

4. Date of birth Oct. 29, 1894 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Thompson (Surname) John (First) (Middle)

10. Color or race white 11. Age at time of this birth 61 yrs.

12. Birthplace Millcreek Twp., Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Allen (Surname) Mary (First) (Middle)

16. Color or race white 17. Age at time of this birth 42 yrs.

18. Birthplace Madison County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? five

(b) How many other children were born alive but are now dead? three

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Thomas Pride Shields

Address Watkins, Millcreek Twp. Union County, Ohio

M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That applicant's name is recorded as (not named) Thompson in Volume 3, Page 194 of the records of birth of Union County, Ohio, Probate Court, Marysville, Ohio, and should be corrected to Morey Thompson.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19.....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.* ....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* .....; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? .....

(b) How many other children were born alive but are now dead? .....

(c) How many children were born dead? .....

22. Attending Physician or Midwife:

Name .....

Address .....

M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Homer Clayton Moehn

Case No. A-832

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Route #5, Marion, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Leesburg Township (City) (Village) (Township)
(c) Name of hospital or institution: at home-Leesburg Township, Union Co. Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 22 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Moehn (Surname) Homer (First) Clayton (Middle)

4. Date of birth Oct. 22, 1896 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Moehn (Surname) James (First) Warren (Middle)
10. Color or race white 11. Age at time of this birth 26 yrs.
12. Birthplace Claibourne Tp. Union Co. Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Wolford (Surname) Zena (First) (Middle)
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Union County, Ohio (City, town, or country) (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. Roebuck
Address Richwood, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* ..... *birth* .....

Your ..... *by law.*

The State ..... *pplicant*

The ..... *believes.*

has not been properly and accurately recorded in Volume 3 Page 138 of the birth records of Union County, Ohio, Union County Probate Court. That applicant's name is recorded as Homer Clatin Moehn and should be recorded as Homer Clayton Moehn; That applicant's father's name is recorded as J. W. Moehn and shoule be recorded as James Warren Moehn.

pplicant

Sworn to before me and signed in my presence this 29th *day of* March *19*56.

(Seal) Mary Sanders
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... County, ss.

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

.....
(Official Title)

The State of Ohio, Union County, ss.

I, David R. Griffith, first 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.*

David R. Griffith

P. O. Address 233 Locus St., Marysville, Ohio

Sworn to before me and signed in my presence this 29th *day of* March *19*56.

Mary Sanders
Deputy-Clerk
(Official Title)

The State of Ohio, Union County, ss.

I, Jesta B. Conkle, Mother-in-law 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.*

Jesta B. Conkle

P. O. Address Route #5, Marion, Ohio

Sworn to before me and signed in my presence this 29th *day of* March *19*56.

Mary Sanders
Deputy-Clerk
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Homer Clayton Moehn

March 29, 1956

Case No. A-832

ORDER FOR HEARING

This day Homer Clayton Moehn *appeared in open court and filed an application for the* correction of his birth record

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

(Seal) Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Homer Clayton Moehn

Probate Court, Union **County, Ohio**

March 29. 1956

Case No. A-832

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Homer Clayton Moehn

for an order of The Court correcting his *birth record, as it is registered in the office of* Probate Court, Union County Ohio Record of Births Volume 3, page 138

The Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by the testimony of two credible witnesses. David R. Griffith and Jesta B. Conkle, and documentary evidence;

that notice of the hearing on said application has been dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County: Union
(b): Leesburg Township (City) (Village) (Township)
(c) Name of hospital or institution: at home-Leesburg Township, Union Co. Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution: In this community: 22 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State: Ohio
(b) County: Union
(c): Leesburg Township (City) (Village) (Township)
(d) Street No.:

3. Full name of child: Moehn (Surname) Homer (First) Clayton (Middle)
4. Date of birth: Oct. 22, 1896 (Month) (Day) (Year)
5. Sex: Male
6. Twin or triplet: single If so—born 1st, 2d. or 3d.:
7. Number months of pregnancy: 9 mos.
8. Mother married?: yes

FATHER OF CHILD
9. Full name: Moeh, James Warren (Surname) (First) (Middle)
10. Color or race: white 11. Age at time of this birth: 26 yrs.
12. Birthplace: Claibourne Tp. Union Co. Ohio (City, town, or county) (State or foreign country)
13. Usual occupation: Farmer
14. Industry or business:

MOTHER OF CHILD
15. Full maiden name: Wolford, Zena (Surname) (First) (Middle)
16. Color or race: white 17. Age at time of this birth: 22 yrs.
18. Birthplace: Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation: Housewife
20. Industry or business:

21. Children born to this mother:
(a) How many other children of this mother are now living?: 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. Roebuck
Address: Richwood, Ohio
M. D., midwife, or other: M.D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That applicant's name is recorded as Homer Clatin Moehn in Volume 3, Page 138 of the records of birth of Union County. Ohio, Probate Court, Marysville, Ohio and should be corrected to Homer Clayton Moehn; That applicant's father's name is recorded as J. W. Moehn and should be recorded as James Warren Moehn.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal). Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of

for an order of The Court directing the registration of birth.

, having personally examined the applicant in open court,

finds that the facts stated in the application are supported by

;

that notice of the hearing on said application has been ; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—

1. PLACE OF BIRTH:
(a) County
(b): (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution: In this community:
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State
(b) County
(c): (City) (Village) (Township)
(d) Street No.

3. Full name of child: (Surname) (First) (Middle)
4. Date of birth: (Month) (Day) (Year)
5. Sex
6. Twin or triplet: If so—born 1st, 2d, or 3d.:
7. Number months of pregnancy:
8. Mother married?:

FATHER OF CHILD
9. Full name: (Surname) (First) (Middle)
10. Color or race: 11. Age at time of this birth: yrs.
12. Birthplace: (City, town, or county) (State or foreign country)
13. Usual occupation:
14. Industry or business:

MOTHER OF CHILD
15. Full maiden name: (Surname) (First) (Middle)
16. Color or race: 17. Age at time of this birth: yrs.
18. Birthplace: (City, town, or county) (State or foreign country)
19. Usual occupation:
20. Industry or business:

21. Children born to this mother:
(a) How many other children of this mother are now living?:
(b) How many other children were born alive but are now dead?:
(c) How many children were born dead?:

22. Attending Physician or Midwife:
Name:
Address:
M. D., midwife, or other: Date signed:

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Rosy Mabel Graham

Case No. A-835

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 139 E. Blagrove St., Richwood, Ohio; *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Claibourne Township (City) (Village) (Township)
(c) Name of hospital or institution: at home - Claibourne Tp.. Union Co.. 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) Claibourne Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Graham (Surname) Rosy (First) Mabel (Middle)

4. Date of birth Nov. 2. 1894 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Graham, Joseph E. (Surname) (First) (Middle)
10. Color or race white — 11. Age at time of this birth 33 yrs.
12. Birthplace Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Moore Oceana M. (Surname) (First) (Middle)
16. Color or race white — 17. Age at time of this birth 27 yrs.
18. Birthplace Rose Rock, West Virginia (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? two
(b) How many other children were born alive but were then dead? one
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. W. C. Duke
Address Richwood, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

recorded in Volume 3 P[illegible] No.115 of the birth records of Union County, Ohio. Union County Probate Co[illegible]t. That applicant's name is recorded as Rosa Graham and should be recorded Rosy Mabel Graham; That date of birth is recorded as Nov.15, 1894 and should be Nov.2,1894; That applicant's father's name is recorded Joseph Graham and should be Joseph E. Graham; That applicant's mother's name is recorded Scena Moore and should be Oceana M. Moore.

That the registration of her birth has not been properly and accurately

vided by law.

Applicant

The

erily believes.

Applicant

P. O. Address [illegible], Ohio

Sworn to before me and signed in my presence this 24th *day of* April *19* 56.

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... County, ss.

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union County, ss.

I, Anna E. Fields, no relation 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 E. Fields

P. O. Address Route #3, Richwood, Ohio

Sworn to before me and signed in my presence this 24th *day of* April *19* 56.

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

The State of Ohio, Union County, ss.

I, Jessie M. Jones, no relation 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.*

Jessie M. Jones

P. O. Address 200 North Franklin St., Richwood, Ohio

Sworn to before me and signed in my presence this 24th *day of* April *19* 56.

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Rosy Mabel Graham

April 24th *19* 56

Case No. A-835

ORDER FOR HEARING

This day Rosy Mabel Graham *appeared in open court and filed an application for the* correction of her birth record

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

(Seal) Luther L. Liggett *Probate Judge.*

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JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Rosy Mabel Graham

Probate Court, Union **County, Ohio**

April 24, 1956

Case No. A-835

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Rosy Mabel Graham

for an order of The Court correcting her *birth record, as it is registered in the office of* Probate Court, Union County, Ohio, Births Volume 3, Page 76, No.115. The Court Record of/ *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of Anna E. Fields and Jessie M. Jones, two credible witnesses, and documentary evidence; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Claibourne Township (City) (Village) (Township)
(c) Name of hospital or institution: at home-Claibourne Tp., Union Co., 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) Claibourne Township (City) (Village) (Township)
(d) Street No.

3. Full name of child Graham (Surname) Rosy (First) Mabel (Middle)
4. Date of birth Nov. 2, 1894 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet single If so—born 1st, 2d, or 3d
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD
9. Full name Graham, Joseph E. (Surname) (First) (Middle)
10. Color or race white 11. Age at time of this birth 33 yrs.
12. Birthplace (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Moore, Oceana M. (Surname) (First) (Middle)
16. Color or race white 17. Age at time of this birth 27 yrs.
18. Birthplace Rose Rock, West Virginia (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living? 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. W. C. Duke
Address Richwood, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That applicant's name is recorded as Rosa Graham in Volume 3, Page 76 No.115 of the records of birth of Union Co.Ohio, Probate Court, Marysville, Ohio and should be corrected to Rosy Mabel Graham; Date of birth is Nov.2,1894 instead of Nov.15,1894; That father's name is Joseph E. Graham; That mother's name is Oceana M. Moore instead of Scena Moore.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of

for an order of The Court directing the registration of birth.

, having personally examined the applicant in open court, finds that the facts stated in the application are supported by

; *that notice of the hearing on said application has been* ; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County
(b) (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State
(b) County
(c) (City) (Village) (Township)
(d) Street No.

3. Full name of child (Surname) (First) (Middle)
4. Date of birth (Month) (Day) (Year)
5. Sex
6. Twin or triplet If so—born 1st, 2d, or 3d
7. Number months of pregnancy
8. Mother married?

FATHER OF CHILD
9. Full name (Surname) (First) (Middle)
10. Color or race 11. Age at time of this birth yrs.
12. Birthplace (City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD
15. Full maiden name (Surname) (First) (Middle)
16. Color or race 17. Age at time of this birth yrs.
18. Birthplace (City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name
Address
M. D., midwife, or other Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record
of Herman Ruhlen

Case No. A-836

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Monroe Township, Richland 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) Pottersburg, Allen Twp.,
(City) (Village) (Township)
(c) Name of hospital or institution: Pottersburg, Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution none In this community 10 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Pottersburg, Allen Twp.,
(City) (Village) (Township)
(d) Street No. --

3. Full name of child
Surname First Middle

4. Date of birth 3/1/1892
(Month) (Day) (Year)

5. Sex M

6. Twin or triplet --

If so—born 1st, 2d, or 3d --

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Ruhlen Henry
Surname First Middle
10. Color or race W 11. Age at time of this birth 53 yrs.
12. Birthplace Germany
(City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Strohmier Caroline
Surname First Middle
16. Color or race W 17. Age at time of this birth 44 yrs.
18. Birthplace Germany
(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: 9
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? 6
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Alexander Smith
Address Pottersburg, Union County, Ohio
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of hie *birth* has not been properly and accurately recorded
Your applicant hereby makes application for an order of the Court, directing The correction of his birth record, *as provided by law.*

Applicant

recorded in Volume 3 Page 169 of the birth records of Union County, Ohio.
The original record shows the applicant's first name to be "HARMON" when the correct name is "HERMAN"; error appears to be caused by the pronunciation of "Herman with German accent.

T

verily believes.

Applicant

Sworn to before me and signed in my presence this 15th *day of* February *19* 56.

(Notary Seal)

Joseph L. Jerger
Joseph L. Jerger, Notary Public
(Official Title)

AFFIDAVIT

In the Matter of
of

Probate Court, **County, Ohio**

The State of Ohio, **County, ss.**

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*

(Official Title)

The State of Ohio, New York Chemengo **County, ss.**

I, Mina Cochran, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Mina Cochran

P. O. Address 108 Harrison Ave. Endecott, N.Y.

Sworn to before me and signed in my presence this 21st *day of* February *19* 56.

(Notary Seal)

Willard F. Kennkeybocder
Notary Public
My commission expires March 30, 1957
(Official Title)

The State of Ohio, Union **County, ss.**

I, Emma D. Tallman, *do hereby certify that 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 D. Tallman

P. O. Address 428 S. Chestnut St., Marysville, O.

Sworn to before me and signed in my presence this 25 *day of* February *19* 56.

(Notary Seal)

Alice E. Banks
Alice E. Banks, Notary Public, Union County,
Commission expires 12/10/58
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Herman Ruhlen

April 24. *19* 56

Case No. A-836

ORDER FOR HEARING

This day Herman Ruhlen *appeared in open court and filed an application for the* correction of his birth record

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with.

It is further ordered by The Court that *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page

(Seal) Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Herman Ruhlen

Probate Court, Union **County, Ohio**

April 24, 19 56

Case No. A-836

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Herman Ruhlen

for an order of The Court correcting his *birth record, as it is registered in the office of* Probate Court, Union County Ohio, Record of Births Volume 3, Page 169.

The Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by the testimony of Mina Cochran and Emma D. Tallman, two credible witnesses;

that notice of the hearing on said application has been dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County: Union

(b): Pottersburg, Allen Twp., (City) (Village) (Township)

(c) Name of hospital or institution: Pottersburg, Ohio
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution: none In this community: 10 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State: Ohio

(b) County: Union

(c): Pottersburg, Allen Twp., (City) (Village) (Township)

(d) Street No.: --

3. Full name of child: Ruhlen (Surname) Herman (First) -- (Middle)

4. Date of birth: 3/1/1892 (Month) (Day) (Year)

5. Sex: M

6. Twin or triplet: -- If so—born 1st, 2d, or 3d: --

7. Number months of pregnancy: 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name: Ruhlen (Surname) Henry (First) (Middle)

10. Color or race: W 11. Age at time of this birth: 53 yrs.

12. Birthplace: (City, town, or county) Germany (State or foreign country)

13. Usual occupation: Farmer

14. Industry or business:

MOTHER OF CHILD

15. Full maiden name: Strehmier (Surname) Caroline (First) (Middle)

16. Color or race: W 17. Age at time of this birth: 44 yrs.

18. Birthplace: (City, town, or county) Germany (State or foreign country)

19. Usual occupation: Housewife

20. Industry or business:

21. Children born to this mother: 9
(a) How many other children of this mother are now living? 2
(b) How many other children were born alive but are now dead? 6
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name: Dr. Alexander Smith
Address: Pottersburg, Union County, Ohio
M. D., midwife, or other:

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That applicant's first name is recorded as Harmon in Volume 3, Page 169 of the records of birth of Union County, Ohio, Probate Court, Marysville, Ohio and should be corrected to Herman.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of

for an order of The Court directing the registration of birth.

, having personally examined the applicant in open court, finds that the facts stated in the application are supported by

;

that notice of the hearing on said application has been ; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—

1. PLACE OF BIRTH:

(a) County:

(b): (City) (Village) (Township)

(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution: In this community:
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State:

(b) County:

(c): (City) (Village) (Township)

(d) Street No.:

3. Full name of child: (Surname) (First) (Middle)

4. Date of birth: (Month) (Day) (Year)

5. Sex:

6. Twin or triplet: If so—born 1st, 2d, or 3d:

7. Number months of pregnancy:

8. Mother married?

FATHER OF CHILD

9. Full name: (Surname) (First) (Middle)

10. Color or race: 11. Age at time of this birth: yrs.

12. Birthplace: (City, town, or county) (State or foreign country)

13. Usual occupation:

14. Industry or business:

MOTHER OF CHILD

15. Full maiden name: (Surname) (First) (Middle)

16. Color or race: 17. Age at time of this birth: yrs.

18. Birthplace: (City, town, or county) (State or foreign country)

19. Usual occupation:

20. Industry or business:

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name:
Address:
M. D., midwife, or other: Date signed:

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Emelyn Hervey

Case No. A-833

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Milford Center, Union Co., Ohio *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Paris Township (City) (Village) (Township)
(c) Name of hospital or institution:
at home-Paris Township, Union County, Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 5 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Paris Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Hervey (Surname) Emelyn (First) (Middle)
4. Date of birth Jan. 31, 1916 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet single If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD

9. Full name Hervey (Surname) Richard (First) Carter (Middle)
10. Color or race white 11. Age at time of this birth 29 yrs.
12. Birthplace Triadelphia (City, town, or county) West Virginia (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name McCracken (Surname) Melissa (First) (Middle)
16. Color or race white 17. Age at time of this birth 25 yrs.
18. Birthplace Aleppo (City, town, or county) Pennsylvania (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? two
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. C. D. Mills
Address Marysville, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not record
Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Emelyn Hervey Payne *Applicant*

The State of Ohio, Union **County.**
The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Emelyn Hervey Payne *Applicant*
P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 9th *day of* April *19* 56.

Mary Sanders
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**
I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**
I, R. C. Hervey, 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.*

R. C. Hervey
P. O. Address Elwood Ave., Marysville, Ohio

Sworn to before me and signed in my presence this 4 *day of* May *19* 56.

Mary Sanders
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**
I, Melissa Hervey, 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.*

Melissa Hervey
P. O. Address Elwood Ave., Marysville, Ohio

Sworn to before me and signed in my presence this 4 *day of* May *19* 56

Luther L. Liggett
Probate Judge
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Emelyn Hervey

May 4th *19* 56
Case No. A-833
ORDER FOR HEARING

This day Emelyn Hervey *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 XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... (Surname) (First) (Middle)
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... (Surname) (First) (Middle)
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....
22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....
Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Emelyn Hervey

Probate Court, Union **County, Ohio**

May 4 *19* 56

Case No. A~~0~~833

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Emelyn Hervey
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 R. C. Hervey and Melissa Hervey, credible witnesses and documentary evidence; *that notice of the hearing on said application has been* dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Paris Township (City) (Village) (Township)
(c) Name of hospital or institution:
at home - Paris Township, Union County, Ohio (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 5 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) ..... (City) Paris Towns ip (Township)
(d) Street No.....

3. Full name of child Hervey (Surname) Emelyn (First) (Middle)
4. Date of birth Jan. 31, 1916 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet single If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD
9. Full name Hervey (Surname) Richard (First) Carter (Middle)
10. Color or race white 11. Age at time of this birth 29 yrs.
12. Birthplace Triadelphia, West V.. (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name McCracken (Surname) Melissa (First) (Middle)
16. Color or race white 17. Age at time of this birth 25 yrs.
18. Birthplace Aleppo, Pennsylvania (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business.....
22. Attending Physician or Midwife:
Name Dr. C. D. Mills
Address Marysville, Ohio
.....
M. D., midwife, or other..... Date signed.....

21. Children born to this mother:
(a) How many other children of this mother are now living? two
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none
Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Lamont Irene Ballinger

Case No. A-835

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 216 West 8th St., Marysville, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) (City) (Village) York Township (Township)
(c) Name of hospital or institution: at home - York Twp., Union County, Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 2 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) (City) (Village) York Township (Township)
(d) Street No. .....

3. Full name of child Ballinger (Surname) Lamont (First) Irene (Middle)

4. Date of birth May (Month) 12 (Day) 1912 (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Ballinger (Surname) Chester (First) Ray (Middle)
10. Color or race white 11. Age at time of this birth 23 yrs.
12. Birthplace York Township, Union Co., Ohio (City, town, or county) (State or foreign country)
13. Usual occupation farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Morris (Surname) Minnie (First) Opal (Middle)
16. Color or race white 17. Age at time of this birth 20 yrs.
18. Birthplace Washington Twp., Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. C. L. Thompson
Address York Center, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Lamont Irene Ballinger 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.*

Lamont Irene Ballinger Pfarr *Applicant*

P. O. Address 216 West 8th St., Marysville, Ohio

Sworn to before me and signed in my presence this 7th *day of* May *19* 56.

Mary Sanders
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of the Registration of Birth
of Lamont Irene Ballinger

Probate Court, Union **County, Ohio**

The State of Ohio, Union **County, ss.**

I, ... *, do hereby certify that I was the physician in attendance at the birth of* ..... *, the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, C. R. Ballinger, father of applicant *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

C. R. Ballinger

P. O. Address 216 West 8th St., Marysville, Ohio

Sworn to before me and signed in my presence this 7th *day of* May *19* 56.

Mary Sanders
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Minnie O. Ballinger, 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 O. Ballinger

P. O. Address 216 West 8th St., Marysville, Ohio

Sworn to before me and signed in my presence this 7th *day of* May *19* 56.

Mary Sanders
Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Lamont Irene Ballinger

May 7 *19* 56

Case No. A-835

ORDER FOR HEARING

This day Lamont Irene Ballinger *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 XXXXXX *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Lamont Irene Ballinger

Probate Court, Union **County, Ohio**

May 7 *19* 56

Case No. A-835

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lamont Irene Ballinger
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. R. Ballinger and Minnie O. Ballinger, credible witnesses and documentary evidence;
that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) York Township (City) (Village) (Township)
(c) Name of hospital or institution:
at home - York Twp. Union Co., Ohio (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 2 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) York Township (City) (Village) (Township)
(d) Street No.....

3. Full name of child Ballinger (Surname) Lamont (First) Irene (Middle)
4. Date of birth May (Month) 12 (Day) 1912 (Year)
5. Sex Female
6. Twin or triplet single If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD
9. Full name Ballinger (Surname) Chester (First) Ray (Middle)
10. Color or race white 11. Age at time of this birth 23 yrs.
12. Birthplace York Township, Union Co., Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Morris (Surname) Minnie (First) Opal (Middle)
16. Color or race white 17. Age at time of this birth 20 yrs.
18. Birthplace Washington Twp. (City, town, or county) Union Co. (State or foreign country)
19. Usual occupation Housewife
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living? none
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. C. L. Thompson
Address York Center, Ohio
.....
M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of the birth *of* Daisy Blanche Hoy

Case No. A-836

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 1279 Toann Road, York, Pa; *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) (City) (Village) Jerome Township (Township)

(c) Name of hospital or institution: at home-Jerome Twp., Union County, Ohio
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community 2 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) (City) (Village) Jerome Township (Township)

(d) Street No. .....

3. Full name of child Hoy (Surname) Daisy (First) Blanche (Middle)

4. Date of birth Dec. 15, 1901 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: single

If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Hoy (Surname) Thomas (First) James (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Green County, (City, town, or county) Penn. (State or foreign country)

13. Usual occupation Farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Gray (Surname) Julia (First) Ann (Middle)

16. Color or race white 17. Age at time of this birth 27 yrs.

18. Birthplace Millcreek Tp., Union Co., Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 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. Eli Holmes
Address Plain City, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of 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.*

Daisy Blanche Hoy Call *Applicant*

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.*

Daisy Blanche Hoy Call *Applicant*

P. O. Address 1279 Toann Road, York, Penn.

Sworn to before me and signed in my presence this 27th *day of* June *19* 56.

Mary Sanders
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of ..... *of* .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, Julia A. Hoy, 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.*

Julia A. Hoy

P. O. Address 108 N. Court St., Marysville, Ohio

Sworn to before me and signed in my presence this 27th *day of* June *19* 56.

Mary Sanders
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, James A. Gray, 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.*

James A. Gray

P. O. Address Route #3, Marysville, Ohio

Sworn to before me and signed in my presence this 27th *day of* June *19* 56.

Mary Sanders
Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth *of* Daisy Blanche Hoy

June 27 *19* 56

Case No. A-836

ORDER FOR HEARING

This day Daisy Blanche 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 Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Daisy Blanche Hoy

Probate Court, Union **County, Ohio**

June 27 *19* 56

Case No. A-836

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Daisy Blanche 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 Julia A. Hoy and James A. Gray, credible witnesses and documentary evidence;
that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Jerome Township (City) (Village) (Township)
(c) Name of hospital or institution:
at home- Jerome Twp., Union County, Ohio (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 2 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Jerome Township (City) (Village) (Township)
(d) Street No.....

3. Full name of child Hoy (Surname) Daisy (First) Blanche (Middle)

4. Date of birth Dec. 15, 1901 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Hoy (Surname) Thomas (First) James (Middle)
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Green County, Penn. (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Gray (Surname) Julia (First) Anna (Middle)
16. Color or race white 17. Age at time of this birth 27 yrs.
18. Birthplace Millcreek Tp., Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living? one
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Eli Holmes
Address Plain City, Ohio
.....
M. D., midwife, or other M. D. Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of birth
of Jennie June Fox

Case No. A-837

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Route #3 Carrollton, Ohio; *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Richwood (City) (Village) (Township)
(c) Name of hospital or institution: at home- Richwood, Union Co., 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 1 yr. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Fox (Surname) Jennie (First) June (Middle)
4. Date of birth June 6, 1900 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet single If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD

9. Full name Fox (Surname) Thomas (First) Alta (Middle)
10. Color or race white 11. Age at time of this birth 32 yrs.
12. Birthplace Hudson, Michigan (City, town, or county) (State or foreign country)
13. Usual occupation Laundryman
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Wright, Charlotte Alpha (Surname) (First) (Middle)
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Hocking County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Duke
Address Richwood, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of 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 June Fox Paschall. *Applicant*

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 June Fox Paschall *Applicant*

P. O. Address Route #3, Carrollton, Ohio

Sworn to before me and signed in my presence this 12th *day of* July *19* 56.

(Seal)

Mary Sanders
Deputy-Clerk (Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Mrs. Charlotte Fox 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.*

Mrs. Charlotte Fox

P. O. Address 47 E. Williams St., Delaware, Ohio

Sworn to before me and signed in my presence this 12th *day of* July *19* 56.

(Seal)

Mary Sanders
Deputy-Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, Mrs. Dora Wright 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.*

Mrs. Dora Wright

P. O. Address 35 South Liberty St., Delaware, Ohio

Sworn to before me and signed in my presence this 12th *day of* July *19* 56.

Mary Sanders
Deputy-Clerk (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of birth
of Jennie June Fox

July 12th, 19 56

Case No. A-837

ORDER FOR HEARING

This day Jennie June 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 Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page xxxxxxxxxx

(Seal) Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....
22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....
Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Jennie June Fox

Probate Court, Union **County, Ohio**

July 12th. *19* 56

Case No. A-837

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Jennie June 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 Mrs. Charlotte Fox and Mrs. Dora Wright, credible witnesses and documentary evidence;
that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Richwood (City) (Village) (Township)
(c) Name of hospital or institution:
at home-Richwood, Union Co., 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 1 yr. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Richwood (City) (Village) (Township)
(d) Street No.....

3. Full name of child Fox (Surname) Jennie (First) June (Middle)
4. Date of birth June 6, 1900 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet single If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD
9. Full name Fox, (Surname) Thomas Alta (First) (Middle)
10. Color or race white 11. Age at time of this birth 32 yrs.
12. Birthplace Hudson, Michigan (City, town, or county) ..... (State or foreign country)
13. Usual occupation Laundryman
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Wright, Charlotte Alpha (Surname) (First) (Middle)
16. Color or race white 17. Age at time of this birth 30 yrs.
18. Birthplace Hocking County, Ohio (City, town, or county) ..... (State or foreign country)
19. Usual occupation Housewife
20. Industry or business.....
22. Attending Physician or Midwife:
Name Dr. Duke
Address Richwood, Ohio
.....
M. D., midwife, or other M.D. Date signed.....

21. Children born to this mother:
(a) How many other children of this mother are now living? none
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none
Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) Luther L. Liggett *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of the birth *of* Bessie Brown

Case No. A-838

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Cleveland, Ohio 1696 E. 84th St., / *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris Township (City) (Village) (Township)

(c) Name of hospital or institution: at home - Marysville, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ..... In this community 22 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Paris Township (City) (Village) (Township)

(d) Street No. S. Walnut, Marysville, Ohio

3. Full name of child Brown (Surname) Bessie (First) (Middle)

4. Date of birth Apr. 8 1889 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Brown (Surname) Thomas (First) (Middle)

10. Color or race Colored 11. Age at time of this birth 24 yrs.

12. Birthplace ..... (City, town, or county) Canada (State or foreign country)

13. Usual occupation Waiter

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Evans (Surname) Dora (First) (Middle)

16. Color or race Colored 17. Age at time of this birth 22 yrs.

18. Birthplace Union County, Marysville, 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? 0
(b) How many other children were born alive but were then dead? 1
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Mary Davis
Address .....
M. D., midwife, or other midwife

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Bessie 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.*

Bessie Brown *Applicant*

P. O. Address 1696 E. 84th St., Cleveland, Ohio

Sworn to before me and signed in my presence this 13th *day of* July *19*56.

Leslie M. Baldwin

Deputy Clerk (Official Title)

AFFIDAVIT

In the Matter of Registration of the birth *of* Bessie Brown

Probate Court, Union **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ... *, do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Flora Evans *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Flora Evans

P. O. Address 513 S. Walnut St., Marysville, Ohio

Sworn to before me and signed in my presence this 13th *day of* July *19*56.

Leslie M. Baldwin

Deputy Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, Al Rogers *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Alfred Rogers

P. O. Address 415 S. Chestnut St., Marysville, Ohio

Sworn to before me and signed in my presence this 13th *day of* July *19*56.

Leslie M. Baldwin

DeputyClerk (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth *of* Bessie Brown

July 13 *19*56

Case No. A-838

ORDER FOR HEARING

This day Bessie 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 Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*..

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Bessie Brown

Probate Court, Union **County, Ohio**

July 13 *19* 56

Case No. A-838

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Bessie 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 Flora Evans and Al Rogers, credible witnesses and documentary evidence;

that notice of the hearing on said application has been dispensed with*; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris 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 22yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Paris Township (City) (Village) (Township)

(d) Street No. S. Walnut, Marysville, Ohio

3. Full name of child Brown Bessie ..... Surname First Middle

4. Date of birth Apr. 8 1889 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Brown Bessie ..... Surname First Middle

10. Color or race colored 11. Age at time of this birth 24 yrs.

12. Birthplace ..... (City, town, or county) Canada (State or foreign country)

13. Usual occupation Waiter

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Evans Dora ..... Surname First Middle

16. Color or race colored 17. Age at time of this birth 22 yrs.

18. Birthplace Union County, Marysville, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 1

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Mary Davis

Address .....

.....

M. D., midwife, or other midwife Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) Luther L. Liggett *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of birth
of Levi Harry Spain

Case No.

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* North Lewisburg, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Allen Township (City) (Village) (Township)
(c) Name of hospital or institution:
at home-Allen Township, Union Co., 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 29 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Allen Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Spain (Surname) Levi (First) Harry (Middle)

4. Date of birth August 23, 1900 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Spain (Surname) Jacob (First) E. (Middle)
10. Color or race white 11. Age at time of this birth 34 yrs.
12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Laborer
14. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? six
(b) How many other children were born alive but were then dead? one
(c) How many children were born dead? none

MOTHER OF CHILD

15. Full maiden name Smith (Surname) Mariah (First) (Middle)
16. Color or race white 17. Age at time of this birth 29 yrs.
18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

22. Attending Physician or Midwife:
Name Dr. Alexander Smith
Address Pottersburg, Ohio, Union County
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Levi Harry 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 verily believes.

Levi Harry Spain *Applicant*
P. O. Address North Lewisburg, Ohio

Sworn to before me and signed in my presence this 20th *day of* July *19* 56.

Mary Sanders
Deputy Clerk (Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**
I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**
I, Glen L. Cline, no relation 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.*

Glen L. Cline
P. O. Address North Lewisburg, Ohio

Sworn to before me and signed in my presence this 20th *day of* July *19*56.

Mary Sanders
Deputy Clerk (Official Title)

The State of Ohio, Union **County, ss.**
I, Elmer R. Tomlin, no relation 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 R. Tomlin
P. O. Address North Lewisburg, Ohio, Box 201

Sworn to before me and signed in my presence this 20th *day of* July *19*56.

Mary Sanders
Deputy Clerk (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of birth
of Levi Harry Spain

July 20 *19* 56

Case No.

ORDER FOR HEARING

This day Levi Harry Spain *appeared in open court and filed an application for the* registration of his birth *with.*

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed /

It is further ordered by The Court that ~~xxxx

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Levi Harry Spain

Probate Court, Union **County, Ohio**

July 20 *19*56

Case No. A-839

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Levi Harry 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 Glen L. Cline and Elmer R. Tomlin, credible witnesses and documentary evidence;
that notice of the hearing on said application has been be dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union
(b) Allen Township (City) (Village) (Township)
(c) Name of hospital or institution:
at home-Allen Township, Union County, Ohio (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 29 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Allen Township (City) (Village) (Township)
(d) Street No.....

3. Full name of child Spain Levi Harry (Surname First Middle)

4. Date of birth August 23, 1900 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Spain Jacob (Surname First Middle)
10. Color or race white 11. Age at time of this birth 34 yrs.
12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Laborer
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Smith, Mariah (Surname First Middle)
16. Color or race white 17. Age at time of this birth 29 yrs.
18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business.....

21. Children born to this mother:
(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. Alexander Smith
Address Pottersburg, Ohio, Union County
M. D., midwife, or other M. D. Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of birth
of Florence Lucile Biddle

Case No. A-840

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 1042 Lakevie Drive, Lorain, 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
(City) (Village) (Township)

(c) Name of hospital or institution:
at home- Richwood, Union County, Ohio
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community 3½ 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 Biddle (Surname) Florence (First) Lucile (Middle)

4. Date of birth Dec. 16. 1903 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Biddle (Surname) Pearl (First) Clifton (Middle)

10. Color or race white — 11. Age at time of this birth 25 yrs.

12. Birthplace Richwood, Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Sheet metal business

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Fuller (Surname) Lillian (First) Leona (Middle)

16. Color or race white — 17. Age at time of this birth 23 yrs.

18. Birthplace Ostrander, Delaware County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 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. T. F. Wurtsbaugh
Address Richwood, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of 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 Lucile Biddle McMillan *Applicant*

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 Lucile Biddle McMillan *Applicant*

P. O. Address 1042 Lakevie Drive, Lorain, Ohio

Sworn to before me and signed in my presence this 24th *day of* July *19* 56.

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Helen M. Myers 2nd 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.*

Helen M. Myers

P. O. Address 264 West 6th St., Marysville, Ohio

Sworn to before me and signed in my presence this 24th *day of* July *19* 56.

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Frank White 2nd 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.*

Frank White

P. O. Address Route #1, Richwood, Ohio

Sworn to before me and signed in my presence this 24th *day of* July *19* 56.

Mary Sanders
Deputy-Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of birth
of Florence Lucile Biddle

July 24th, *19* 56

Case No. A-840

ORDER FOR HEARING

This day Florence Lucile Biddle *appeared in open court and filed an application for the* registration of her birth *with.*

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed /

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

(Seal) Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Florence Lucile Biddle

Probate Court, Union **County, Ohio**

July 24th, *19* 56

Case No. A-840

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Florence Lucile Biddle
for an order of The Court directing the registration of 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 Helen M. Myers and Frank White, credible witnesses and documentary evidence;
that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Richwood (City) (Village) (Township)
(c) Name of hospital or institution:
at home-Richwood, Union County, Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 3½ 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 Biddle (Surname) Florence (First) Lucile (Middle)

4. Date of birth Dec. 16. 1903 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Biddle (Surname) Pearl Clifton (First) (Middle)
10. Color or race white 11. Age at time of this birth 25 yrs.
12. Birthplace Richwood, Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Sheet metal business
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Fuller, Lillian Leona (Surname) (First) (Middle)
16. Color or race white 17. Age at time of this birth 23 yrs.
18. Birthplace Ostrander, Delaware County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living? 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. T. F. Wurtsbaugh
Address Richwood, Ohio
M. D., midwife, or other M.D. Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) Luther L. Liggett *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth *of* Edna Berniece Wright

Case No. A-841

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Magnetic Springs, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) (City) Leesburg Township (Village) (Township)

(c) Name of hospital or institution: at home-Lesburg Township
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community 4 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union County

(c) (City) Leesburg Township (Village) (Township)

(d) Street No. .....

3. Full name of child Wright (Surname) Edna (First) Berniece (Middle)

4. Date of birth Feb. (Month) 6 (Day) 1908 (Year)

5. Sex: Female

6. Twin or triplet: single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Wright (Surname) Charles (First) Curtis (Middle)

10. Color or race white — 11. Age at time of this birth 32 yrs.

12. Birthplace Delaware 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 Phillian (Surname) Lulie (First) Belle (Middle)

16. Color or race white — 17. Age at time of this birth 33 yrs.

18. Birthplace Delaware County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 3
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Clyde Duke
Address Richwood, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration *, as provided by law.*

Edna Berniece Wright 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.*

Edna Berniece Wright Mills *Applicant*

P. O. Address Magnetic Springs, Ohio

Sworn to before me and signed in my presence this 26th *day of* July *19* 56.

Leslie M. Baldwin

Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of ..... **Probate Court,** ..... **County, Ohio**
of .....

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....

.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, Lulie 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.*

Lulie Wright

P. O. Address Magnetic Springs, Ohio

Sworn to before me and signed in my presence this 26th *day of* July *19* 56.

Leslie M. Baldwin

Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Inez Milligan *,* 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.*

Inez Milligan

P. O. Address Richwood, Ohio, R. F. D.

Sworn to before me and signed in my presence this 26th *day of* July *19* 56.

Leslie M. Baldwin

Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth *of* Edna Berniece Wright

July 26 *19* 56

Case No. .....

ORDER FOR HEARING

This day Edna Berniece Wright *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Edna Berniece Wright

Probate Court, Union **County, Ohio**

July 26 *19* 56

Case No. A-841

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Edna BernieceWright

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 Lulie Wright and Inez Milligan, credible witnesses and documentary evidence; *that notice of the hearing on said application has been* dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Leesburg Township (City) (Village) (Township)

(c) Name of hospital or institution:

at home-Leesburg Township (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 4 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ..... (City) (Village) (Township)

(d) Street No.....

3. Full name of child Wright (Surname) Edna (First) Berniece (Middle)

4. Date of birth Feb. 6 1908 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Wright (Surname) Charles (First) Curtis (Middle)

10. Color or race white 11. Age at time of this birth 32 yrs.

12. Birthplace Delaware 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 Phillian (Surname) Lulie (First) Belle (Middle)

16. Color or race white 17. Age at time of this birth 33 yrs.

18. Birthplace Delaware County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business.....

22. Attending Physician or Midwife:

Name Dr. Clyde Duke

Address Richwood, Ohio

.....

M. D., midwife, or other M. D. Date signed.....

21. Children born to this mother:

(a) How many other children of this mother are now living? 3

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, ...County, Ohio

In the Matter of the.....

of .....

Case No.....

APPLICATION

Your applicant respectfully represents that.....was born in.....County, Ohio; that.....now resides in .....; and that the following are the available facts with relation to.....birth as of the date of delivery:

1. PLACE OF BIRTH:

(a) County.....

(b) .....
(City) (Village) (Township)

(c) Name of hospital or institution:

.....
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) .....
(City) (Village) (Township)

(d) Street No. .....

3. Full name of child.....
Surname First Middle

4. Date of birth.....
(Month) (Day) (Year)

5. Sex .....

6. Twin or triplet .....

If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name .....
Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace .....
(City, town, or county) (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

21. Children born to this mother before this birth:

(a) How many other children of this mother were living?.....

(b) How many other children were born alive but were then dead?.....

(c) How many children were born dead?.....

MOTHER OF CHILD

15. Full maiden name.....
Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace .....
(City, town, or county) (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of.....birth .....

Your applicant hereby makes application for an order of the Court, directing....., as provided by law.

..... Applicant

The State of Ohio,.....County.

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as.....verily believes.

..... Applicant

P. O. Address.....

Sworn to before me and signed in my presence this.....day of.....19.....

.....

.....
(Official Title)

AFFIDAVIT

In the Matter of.....

of .....

Probate Court,.....County, Ohio

The State of Ohio,.....County, ss.

I, ..., do hereby certify that I was the physician in attendance at the birth of....., the applicant herein, and that the facts stated in the application are true, as I verily believe.

..... Attending Physician

P. O. Address.....

Sworn to before me and signed in my presence this.....day of.....19.....

.....

.....

.....
(Official Title)

The State of Ohio,.....County, ss.

I, ..., do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....day of.....19.....

.....

.....
(Official Title)

The State of Ohio,.....County, ss.

I, ..., do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.

.....

P. O. Address.....

Sworn to before me and signed in my presence this.....day of.....19.....

.....

.....
(Official Title)

Probate Court, ...County, Ohio

In the Matter of the.....

of .....

.....19.....

Case No.....

ORDER FOR HEARING

This day .....appeared in open court and filed an application for the .....

It is ordered that hearing on said application.....

It is further ordered by The Court that.....be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.

NOTICE OF HEARING RECORDED Page..... *..... Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

Union County No. A-843

In the Matter of the CORRECTION OF BIRTH RECORD

Probate Court, Mahoning County, Ohio

xxxxx

of Leonard Edward Smith

Case No. 19922 Doc. 21 Page 203

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Lwonard Edward Smith

for an order of The Court correcting the *birth record, as it is registered in the office of* Union County Court. Date of birth should read July 8th 1894 and full name of Leonard Edward Smith omitted Birth Record Vol.3 Page 183 No.293; the Court finds

xxx consideration xxx the xxxxxxx submitted xxxx that xxx xxxx xxxx xx xxx xxxxxxxx xxxx xxxxxxx xxx

; *that notice of the hearing on said application has been* dispensed with, as provided by law. xxxx xxxxx xxxxxxx xxx xxxx xx xxxx xxxxxxxx xxx xxxxxxxx x

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Gertrude L. Schmelzer

Case No. A-842

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Richwood, Ohio *; and that the following are the available facts with relation to birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) (City) Washington Township (Village) (Township)
(c) Name of hospital or institution: at home-Washington Township
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 3 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) (City) Washington Township (Village) (Township)
(d) Street No. .....

3. Full name of child Schmelzer (Surname) Gertrude (First) L. (Middle)

4. Date of birth 1 / 31 / 1888 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Schmelzer (Surname) Henry (First) (Middle)
10. Color or race white 11. Age at time of this birth 24 yrs.
12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Spring (Surname) Flora (First) Belle (Middle)
16. Color or race white 17. Age at time of this birth 21 yrs.
18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 0
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Mary Spring
Address Union County, Ohio
M. D., midwife, or other midwife

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration *, as provided by law.*
Gerturde L. Schmelzer Hancock *Applicant*

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.*
Gertrude L. Schmelzer Hancock *Applicant*
P. O. Address Richwood, Ohio
Sworn to before me and signed in my presence this 1st *day of* August *19* 56.
Leslie M. Baldwin
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**
I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*
..... *Attending Physician*
P. O. Address .....
Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....
.....
(Official Title)

The State of Ohio, Union **County, ss.**
I, Esta Sanders *, second cousin of applicant , do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*
Esta Sanders
P. O. Address #5, Clinton St., Richwood, O.
Sworn to before me and signed in my presence this 1st *day of* August *19* 56.
Leslie M. Baldwin
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**
I, Delpha Dysert *, second cousin of applicant , do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*
Delpha Dysert
P. O. Address Richwood, Ohio, R. F. D.
Sworn to before me and signed in my presence this 9th *day of* August *19* 56.
Leslie M. Baldwin
Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth
of Gertrude L. Schmelzer

August 9 *19* 56
Case No. A-842
ORDER FOR HEARING

This day Gertrude L. Schmelzer *appeared in open court and filed an application for the* registration of her birth.
It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with
It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (if not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Gertrude L. Schmelzer

Probate Court, Union **County, Ohio**

August 9 *19* 56

Case No. A-842

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Gertrude L. Schmelzer

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 Esta Sanders and Delpha Dysert, credible witnesses and documentary evidence ;

that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Washington Township (City) (Village) (Township)

(c) Name of hospital or institution:

at home-Washington Township (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 3 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) WashingtonTownship (City) (Village) (Township)

(d) Street No.....

3. Full name of child Schmelzer Gertrude L. Surname First Middle

4. Date of birth 1/31/1888 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Schmelzer Henry Surname First Middle

10. Color or race white 11. Age at time of this birth 24 yrs.

12. Birthplace Union County, Ohio (City, town, or county) ..... (State or foreign country)

13. Usual occupation Farmer

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Spring Flora Belle Surname First Middle

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Union County, Ohio (City, town, or county) ..... (State or foreign country)

19. Usual occupation housewife

20. Industry or business.....

22. Attending Physician or Midwife:

Name Mary Spring

Address Union County, Ohio

.....

M. D., midwife, or other midwife Date signed.....

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

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record *of* Laurence William Graham

Case No. A-843

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 114 Johnson St., Upper/Sandusky, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) (City) (Village) Jerome Township (Township)

(c) Name of hospital or institution: at home-Jerome Township, Union Co., Ohio
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community 23 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) (City) (Village) Jerome Township (Township)

(d) Street No. .....

3. Full name of child Graham (Surname) Laurence (First) William (Middle)

4. Date of birth May 8, 1903 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: single — If so—born 1st, 2d, or 3d: .....

7. Number months of pregnancy: 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Graham (Surname) William (First) Phineas (Middle)

10. Color or race white — 11. Age at time of this birth 31 yrs.

12. Birthplace Millcreek Tp., Union Co., Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Laborer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Ellison, (Surname) Katie Mabel (First) (Middle)

16. Color or race white — 17. Age at time of this birth 23 yrs.

18. Birthplace Mt. Victory, 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? 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. Vigor
Address New California, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Volume 3, Page 164 No. 116 of the birth records of Union County, Ohio Union County Probate Court. That applicant's name is recorded as Laurence W. Graham and should be recorded Laurence William Graham; That date of birth is recorded as November 20th, 1903 and should be May 8, 1903; that applicant's father's name is recorded William T. Graham and should be William Phineas Graham; that applicant's mother's name is recorded as Katy M. Ellison and Should be Katie Mabel Ellison. That place of birth is Jerome Tp. instead of Dover Township.

Yo ...d by law.

The Sta ... *Applicant*

Th ...y believes.

Sw ... *Applicant*

Ohio

Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, Mrs. Katie Graham, 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.*

Katie Graham

P. O. Address Route #4, Marysville, Ohio

Sworn to before me and signed in my presence this 14th *day of* August *19* 56

Mary Sanders

Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, William P. Graham, 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.*

W. P. Graham

P. O. Address Route #4, Marysville, Ohio

Sworn to before me and signed in my presence this 14th *day of* August *19* 56

Mary Sanders

Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record *of* Laurence William Graham

August 14th *19* 56

Case No. A-843

ORDER FOR HEARING

This day Laurence William Graham *appeared in open court and filed an application for the* correction of his birth record

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Laurence William Graham

Probate Court, Union **County, Ohio**

August 14th *19*56

Case No. A-843

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Laurence William Graham *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court, Union County, Ohio, Record of Births, Volume 3, Page 164, No. 116 *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of two credible witnesses, Mrs. Katie Graham and William P. Graham, and documentary evidence of Entry in family Bible exhibited; and marriage record. *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Jerome Township (City) (Village) (Township)

(c) Name of hospital or institution:

at home-Jerome Township, Union County, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 23 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jerome Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Graham (Surname) Laurence (First) William (Middle)

4. Date of birth May 8, 1903 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Graham, (Surname) William (First) Phineas (Middle)

10. Color or race white 11. Age at time of this birth 31 yrs.

12. Birthplace Millcreek Tp., Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Laborer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Ellison, (Surname) Katie (First) Mabel (Middle)

16. Color or race white 17. Age at time of this birth 23 yrs.

18. Birthplace Mt. Victory, Ohio (City, town, or county) ..... (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? two

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Vigor

Address New California, Ohio Union

M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that applicant's name is recorded as Laurence W. Graham in Volume 3, Page 164, No. 116 of the records of birth of Union Co., Ohio, Probate Court, Marysville, Ohio, and should be corrected to Laurence William Graham; date of birth is May 8, 1903 instead of November 29, 1903; father's name is William Phineas Graham instead of William T. Graham; Mother's name is Katie Mabel Ellison instead of Katy M. Ellison, Place of birth is Jerome Tp. instead of Dover Township

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19.....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.*

....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? .....

(b) How many other children were born alive but are now dead? .....

(c) How many children were born dead? .....

22. Attending Physician or Midwife:

Name .....

Address .....

M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth *of* Otto J. Penhorwood

Case No. A-844

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 Township (City) (Village) (Township)

(c) Name of hospital or institution: at home-York Township (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) York Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Penhorwood (Surname) Otto (First) J. (Middle)

4. Date of birth Aug. 12, 1897 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet Single If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Penhorwood (Surname) William (First) E. (Middle)

10. Color or race white 11. Age at time of this birth 27 yrs.

12. Birthplace York Township, Union Co., Ohio (City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business .....

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 1

(b) How many other children were born alive but were then dead? 1

(c) How many children were born dead? 0

MOTHER OF CHILD

15. Full maiden name Moffitt (Surname) Jennie (First) K. (Middle)

16. Color or race white 17. Age at time of this birth 25 yrs.

18. Birthplace York Township, Uni n Co., O. (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

22. Attending Physician or Midwife:

Name Dr. C. L. Thompson

Address York Township

M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Otto J. Penhorwood *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Otto J. Penhorwood *Applicant*

P. O. Address West Mansfield, Ohio

Sworn to before me and signed in my presence this 18th *day of* August *19* 56.

Leslie M. Baldwin

Deputy Clerk (Official Title)

AFFIDAVIT

In the Matter of ..... *of* .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, William E. Penhorwood *,* 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 E. Penhorwood

P. O. Address Rt. 1, West Mansfield, Ohio

Sworn to before me and signed in my presence this 18th *day of* August *19* 56.

Leslie M. Baldwin

Deputy Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, Jennie K. Penhorwood *,* 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.*

Jennie K. Penhorwood

P. O. Address Rt. 1, West Mansfield, Ohio

Sworn to before me and signed in my presence this 18th *day of* August *19* 56.

Leslie M. Baldwin

Deputy Clerk (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth *of* Otto J. Penhorwood

August 18 *19* 56

Case No. A-844

ORDER FOR HEARING

This day Otto J. Penhorwood *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application be had forthwith and notice thereof be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, Union **County, Ohio**

August 25 *19* 56

Case No. A-844

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of .....

for an order of The Court correcting .....*birth record, as it is registered in the office of* .....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by* .....

.....;

that notice of the hearing on said application has been .....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Otto J. Penhorwood

Probate Court, Union **County, Ohio**

August 25 *19* 56

Case No. A-844

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Otto J. Penhorwood

for an order of The Court directing the registration of 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, William E. Penhorwood, father of applicant, and Jennie K. Penhorwood, mother of applicant, and documentary evidence of entry in family Bible exhibited and two insurance policies;

that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) York Township (City) (Village) (Township)

(c) Name of hospital or institution:

at home-York Township (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) York (City) (Village) (Township)

(d) Street No.....

3. Full name of child Penhorwood (Surname) Otto (First) J. (Middle)

4. Date of birth Aug. 12, 1897 (Month) (Day) (Year)

5. Sex M.

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Penhorwood (Surname) William E. (First) (Middle)

10. Color or race white 11. Age at time of this birth 27 yrs.

12. Birthplace York Township, Union Co., O. (City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Moffitt (Surname) Jennie (First) K. (Middle)

16. Color or race white 17. Age at time of this birth 25 yrs.

18. Birthplace York Township, Union Co., O. (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business.....

22. Attending Physician or Midwife:

Name Dr. C. L. Thompson

Address York Township

.....

M. D., midwife, or other M. D. Date signed.....

21. Children born to this mother:

(a) How many other children of this mother are now living? 1

(b) How many other children were born alive but are now dead? 1

(c) How many children were born dead? 0

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Geneva Mae Dilsaver

Case No. A-809

APPLICATION

Your applicant respectfully represents that she *was born in* Franklin *County, Ohio; that* she *now resides in* Union County at Richwood, Ohio; *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Franklin
(b) City of Columbus (City) (Village) (Township)
(c) Name of hospital or institution: Mead Street (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Franklin
(c) Columbus (City) (Village) (Township)
(d) Street No. Mead Street

3. Full name of child Shelley (Surname) Geneva (First) Mae (Middle)

4. Date of birth July 26 1893 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: Single If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Shelley (Surname) Edwin (First) C. (Middle)
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Eton, Preble Co., (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Ice man
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Paxton (Surname) Sarah (First) Ellen (Middle)
16. Color or race white 17. Age at time of this birth 27 yrs.
18. Birthplace Newark (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 3
(b) How many other children were born alive but were then dead? 2
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name
Address
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration, *as provided by law.*

Geneva Mae Dilsaver *Applicant*

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.*

Geneva Mae Dilsaver *Applicant*
P. O. Address

Sworn to before me and signed in my presence this 21st *day of* February *19* 55.

Lloyd George Kerns
Notary Public, State of Ohio
comm. exp. 5-17-57 (Official Title)

AFFIDAVIT

In the Matter of
of

Probate Court, **County, Ohio**

The State of Ohio, **County, ss.**

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address

Sworn to before me and signed in my presence this *day of* *19*

(Official Title)

The State of Ohio, Union **County, ss.**

I, Ben E. Jones, first 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.*

Ben E. Jones
P. O. Address Rt. 1, Newark, Ohio

Sworn to before me and signed in my presence this 31st *day of* August *19* 56.

Leslie M. Baldwin
(Official Title)

The State of Ohio, Union **County, ss.**

I, Daisey Fern Geisler, 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.*

Daisey Fern Geisler
P. O. Address 2640 Halstead Street, Cincinnati, Ohio

Sworn to before me and signed in my presence this 21st *day of* February *19* 55.

Mary Sanders
Deputy Clerk
(Official Title)

Probate Court, UNION **County, Ohio**

In the Matter of the registration of birth
of Geneva Mae Dilsaver

August 31 *19* 56
Case No. A-809

ORDER FOR HEARING

This day Geneva Mae Dilsaver *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application be had forthwith and notice thereof be dispensed with

It is further ordered by The Court that be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.

NOTICE OF HEARING RECORDED Page

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, Union **County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Geneva Mae Dilsaver

Probate Court, Union **County, Ohio**

August 31 *19* 56

Case No. A-809

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Geneva Mae Dilsaver
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, Daisey Fern Geisler, sister of applicant, and Ben E. Jones, first cousin of applicant, and two old insurance; policies; *that notice of the hearing on said application has been* dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following 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 (City) (Village) (Township)
(c) Name of hospital or institution:
Mead Street (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Franklin
(c) Columbus (City) (Village) (Township)
(d) Street No. Mead Street

3. Full name of child Shelley Surname Geneva First Mae Middle

4. Date of birth July 26, 1893 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet Single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Shelley Surname Edwin First C. Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace Eton, Preble Co., Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Ice man
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Paxton Surname Sarah First Ellen Middle
16. Color or race white 17. Age at time of this birth 27 yrs.
18. Birthplace Newark, Ohio (City, town, or county) ..... (State or foreign country)
19. Usual occupation housewife
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living? 3
(b) How many other children were born alive but are now dead? 2
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett .....*Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of John Cyrus Williams

Case No. A-845

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 203 South Oak 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 (City) (Village) (Township)
(c) Name of hospital or institution: at home-Marysville, Union County, Ohio (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 3 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Williams (Surname) John (First) Cyrus (Middle)
4. Date of birth Sept. 5, 1913 (Month) (Day) (Year)
5. Sex: Male
6. Twin or triplet: single — If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy: 9 mos.
8. Mother married? yes

FATHER OF CHILD

9. Full name Williams (Surname) Fred (First) (Middle)
10. Color or race white — 11. Age at time of this birth 34 yrs.
12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Laborer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Walker (Surname) Gertrude (First) (Middle)
16. Color or race white — 17. Age at time of this birth 22 yrs.
18. Birthplace Scott County (City, town, or county) Tennessee (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? one
(b) How many other children were born alive but were then dead? one
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. A. B. Swisher
Address Marysville, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

John Cyrus 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 he *verily believes.*

John Cyrus Williams *Applicant*
P. O. Address 203 South Oak St., Marysville, Ohio

Sworn to before me and signed in my presence this 17th *day of* September *19* 56.

Mary Sanders
Deputy Clerk (Official Title)

AFFIDAVIT

Probate Court, ... **County, Ohio**
In the Matter of .....
of .....

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Fred Williams, 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.*

Fred Williams
P. O. Address East 10th St., Marysville, Ohio

Sworn to before me and signed in my presence this 17th *day of* September *19* 56.

Mary Sanders
Deputy Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, Gertrude Williams, 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.*

Gertrude Williams
P. O. Address East 10th St., Marysville, Ohio

Sworn to before me and signed in my presence this 17th *day of* September *19* 56.

Mary Sanders
Deputy Clerk (Official Title)

Probate Court, Union **County, Ohio**
In the Matter of the Registration of Birth
of John Cyrus Williams

September 17 *19* 56
Case No. A-845

ORDER FOR HEARING

This day John Cyrus Williams *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of John Cyrus Williams

Probate Court, Union **County, Ohio**

September 17 *19* 56

Case No. A-845

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of John Cyrus Williams

for an order of The Court directing the registration of 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 Williams and Gertrude Williams, credible witnesses and Entry in family Bible exhibited; ;

that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution:

at home-Marysville, Union County, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 3 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No.....

3. Full name of child Williams (Surname) John (First) Cyrus (Middle)

4. Date of birth Sept. 5, 1913 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Williams (Surname) Fred (First) (Middle)

10. Color or race white 11. Age at time of this birth 34 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation.....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Walker, Gertrude (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Scott County, (City, town, or county) Tennessee (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

22. Attending Physician or Midwife:

Name Dr. A. B. Swisher

Address Marysville, Ohio

.....

M. D., midwife, or other M. D. Date signed.....

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

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Erna Anna Maria Renner

Case No.

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Rt#5, Marysville, Union Co. 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 (City) (Village) (Township)
(c) Name of hospital or institution: at home-Millcreek Township, Union County, Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 29yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Millcreek Township (City) (Village) (Township)
(d) Street No.

3. Full name of child Renner (Surname) Erna Anna Maria (First Middle)

4. Date of birth July 13, 1912 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet Single If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Renner (Surname) Peter (First) (Middle)
10. Color or race White 11. Age at time of this birth 29 yrs.
12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. 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

MOTHER OF CHILD

15. Full maiden name Rausch, (Surname) Pauline (First) (Middle)
16. Color or race white 17. Age at time of this birth 29 yrs.
18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business

22. Attending Physician or Midwife:
Name Dr. A. B. Swisher
Address Marysville, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of 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.*

ERNA ANNA MARIA RENNER 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 she *verily believes.*

ERNA ANNA MARIA RENNER BAILEY *Applicant*
P. O. Address Route #5, Marysville, Ohio

Sworn to before me and signed in my presence this 5th *day of* October *19* 56

MARY SANDERS
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, J. P. Renner 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.*

J. P. RENNER
P. O. Address Route #2, Marysville, Ohio

Sworn to before me and signed in my presence this 5th *day of* October *19* 56

MARY SANDERS
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Pauline Renner 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.*

PAULINE RENNER
P. O. Address Route #2, Marysville, Ohio

Sworn to before me and signed in my presence this 5th *day of* October *19* 56

MARY SANDERS
Deputy-Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Erna Anna Maria Renner

October 5th, *19* 56
Case No. A-847

ORDER FOR HEARING

This day Erna Anna Maria Renner *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by the Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED

LUTHER L. LIGGETT *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...County, Ohio

.....19.....

Case No. .....

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of .....

for an order of The Court correcting .....*birth record, as it is registered in the office of* .....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by* .....

.....;

that notice of the hearing on said application has been .....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Erna Anna Maria Renner

Probate Court, Union County, Ohio

October 5th 19 56

Case No. A-847

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Erna Anna Maria Renner

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. P. Renner and Pauline Renner, crediable witnesses and batismal record exhibited to 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 (City) (Village) (Township)

(c) Name of hospital or institution:

at home-Millcreek Township, Union County, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 29 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Millcreek Township (City) (Village) (Township)

(d) Street No.....

3. Full name of child Renner, Erna Anna Maria (Surname First Middle)

4. Date of birth July 13, 1912 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Renner Peter (Surname First Middle)

10. Color or race white 11. Age at time of this birth 29 yrs.

12. Birthplace Union County, Ohio (City, town, or county) ..... (State or foreign country)

13. Usual occupation Farmer

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Rausch Pauline (Surname First Middle)

16. Color or race white 17. Age at time of this birth 29 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

22. Attending Physician or Midwife:

Name Dr. A. B. Swisher

Address Marysville, Ohio

.....

M. D., midwife, or other M. D. Date signed.....

21. Children born to this mother:

(a) How many other children of this mother are now living? one

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

LUTHER L. LIGGETT

.....*Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction Of Birth Record

of Howard Thompson Staley

Case No. A-848

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Route #4, Marysville, 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) ..... (City) ..... (Village) Paris Township (Township)

(c) Name of hospital or institution:
at home-Paris Township, Union County, Ohio
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community 30 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ..... (City) ..... (Village) Paris Township (Township)

(d) Street No. .....

3. Full name of child Staley (Surname) Howard (First) Thompson (Middle)

4. Date of birth Sep 7, 1898 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet Single If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9mos

8. Mother married? yes

FATHER OF CHILD

9. Full name Staley, (Surname) Simon (First) ..... (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Thompson (Surname) Lillian (First) ..... (Middle)

16. Color or race white 17. Age at time of this birth 39 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 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

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Volume 3 Page 187 No.285 of the birth records of Union County, Ohio, Union County Probate Court. That applicant's name is recorded as Simon Staley and should be Howard Thompson Staley

Your applicant hereby makes application for an order of the Court, directing the correction of his birth *as provided by law.*

Applicant

The S...

T... ily believes.

Applicant

P. O. Address Route #4, Marysville, Ohio

Sworn to before me and signed in my presence this 13th *day of* October *19* 56.

Mary Sanders
Deputy-Clerk
(Official Title)

(Seal)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... County, Ohio

The State of Ohio, ... County, ss.

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

(Seal)

The State of Ohio, Union County, ss.

I, Frank Mader no relation 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 Mader.

P. O. Address W. Seventh St., Marysville, Ohio

Sworn to before me and signed in my presence this 13th *day of* October *19* 56.

Mary Sanders
Deputy-Clerk
(Official Title)

(Seal)

The State of Ohio, Union County, ss.

I, Wilbur O. Watkins no relation 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.*

Wilbur O. Watkins

P. O. Address Route #1, Marysville, Ohio

Sworn to before me and signed in my presence this 13th *day of* October *19* 56.

Mary Sanders
Deputy-Clerk
(Official Title)

(Seal)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record

of Howard Thompson Staley

October 13th, 19 56

Case No. A-848

ORDER FOR HEARING

This day Howard Thompson Staley *appeared in open court and filed an application for the* correction of his birth record

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with.

It is further ordered by The Court that ..... be and hereby is appointed Special Master Commissioner to take testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.

NOTICE OF HEARING RECORDED Page .....

(Seal) Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Howard Thompson Staley

Probate Court, Union County, Ohio

October 13th, 1956

Case No. A-848

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Howard Thompson Staley

for an order of The Court correcting his *birth record, as it is registered in the office of* Probate Court, Union County, Ohio Record of Birth Volume 3, Page 187 No.285

The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of two credible witnesses, Frank Mader and Wilbur O. Watkins and documentary evidence of Entry in family Bible exhibited;

that notice of the hearing on said application has been dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris Township (City) (Village) (Township)

(c) Name of hospital or institution: at home-Paris Township, Union Co. Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 30 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Paris Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Staley (Surname) Howard (First) Thompson (Middle)

4. Date of birth Sept. 7, 1898 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Staley, Simon (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Thompson, Lillian (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 39 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? 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 .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That applicant's name is recorded as Simon Staley in Volume 3, Page 187, No. 285 of the records of birth of Union Co. Ohio Probate Court, Marysville, Ohio and should be corrected to Howard Thompson Staley.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... County, Ohio

..... 19.....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of .....

for an order of The Court directing the registration of ..... *birth.*

....., *having personally examined the applicant in open court,*

finds that the facts stated in the application are supported by .....;

that notice of the hearing on said application has been .....; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? .....

(b) How many other children were born alive but are now dead? .....

(c) How many children were born dead? .....

22. Attending Physician or Midwife:

Name .....

Address .....

M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of birth
of John Goff

Case No. A-849

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Milford Center (City) Union Twp. (Township) (Village)
(c) Name of hospital or institution: none
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery: In hospital or institution none In this community 8 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. Railroad St.

3. Full name of child Goff (Surname) John (First) (Middle)
4. Date of birth 6-8-47 (Month) (Day) (Year)
5. Sex Male
6. Twin or triplet no If so—born 1st, 2d, or 3d
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD
9. Full name Goff (Surname) Leslie (First) Rees (Middle)
10. Color or race white 11. Age at time of this birth 35 yrs.
12. Birthplace Milford Center, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Laborer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Disbennett (Surname) Evelyn (First) Marie (Middle)
16. Color or race white 17. Age at time of this birth 34 yrs.
18. Birthplace Columbus (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? six
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Unknown
Address
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded Goff birth
Your applicant hereby makes application for an order of the Court, directing the registration of John/ *, as provided by law.*

Christine Goff *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Christine Goff *Applicant*

P. O. Address Milford Center

Sworn to before me and signed in my presence this 28 *day of* June *19* 56.

(Seal) Luther L. Liggett

(Official Title)

AFFIDAVIT

In the Matter of
of

Probate Court, **County, Ohio**

The State of Ohio, **County, ss.**

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*

(Official Title)

The State of Ohio, Union **County, ss.**

I, Mrs. Anna Jane Scott no relation 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.*

Mrs. Anna Jane Scott

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 13th *day of* July *19* 56.

Mary Sanders

(Seal) Deputy-Clerk

(Official Title)

The State of Ohio, Union **County, ss.**

I, Mary Elizabeth Goff grandmother of child *, do hereby certify that 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 Goff

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 9th *day of* October *19* 56.

Mary Sanders

(Seal) Deputy-Clerk

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of John Goff

October 18, 19 56

Case No. A-849

ORDER FOR HEARING

This day Christine Goff *appeared in open court and filed an application for the* registration of birth of John Goff

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with.

~~It is further ordered by The Court that~~ ~~xxxx

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of John Goff

Probate Court, Union **County, Ohio**

October 18, *19* 56

Case No. A-849

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Christine Goff

for an order of The Court directing the registration of.....*birth.* of John Goff

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. Anna Jane Scott and Mary Elizabeth Goff, credible witnesses and Entry in family Bible exhibited.;

that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Milford Center (City) Union Twp. (Village) (Township)

(c) Name of hospital or institution: 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 8 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. Railroad St.

3. Full name of child Goff John Surname First Middle

4. Date of birth 6-8-47 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet no If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Goff Leslie Rees Surname First Middle

10. Color or race white 11. Age at time of this birth 35 yrs.

12. Birthplace Milford Center, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Laborer

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Disbennett Evelyn Marie Surname First Middle

16. Color or race white 17. Age at time of this birth 34 yrs.

18. Birthplace Columbus, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

21. Children born to this mother:

(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 Unknown

Address .....

.....

M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) Luther L. Liggett *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Alice McKitrick

Case No. A-850

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Fort Wayne, Indiana *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ..... (City) Jerome (Village) (Township)

(c) Name of hospital or institution: At home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community lifetime
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ..... (City) Jerome (Village) (Township)

(d) Street No. .....

3. Full name of child McKitrick (Surname) Alice (First) Lucile (Middle)

4. Date of birth Feb. 1, 1904 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name McKitrick (Surname) Wade (First) G. (Middle)

10. Color or race White 11. Age at time of this birth 27 yrs.

12. Birthplace Jerome Township (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Vining (Surname) Edith (First) M. (Middle)

16. Color or race White 17. Age at time of this birth 30 yrs.

18. Birthplace Dover Township (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 5
(b) How many other children were born alive but were then dead? None
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name Jay Pounds
Address Ostrander, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing ..... *, as provided by law.*

Alice McKitrick Frederick *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Alice McKitrick Frederick *Applicant*

P. O. Address Fort Wayne, Indiana

Sworn to before me and signed in my presence this 23rd *day of* October *19* 56.

(seal)

Mary Sanders
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Edith M. McKitrick 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.*

Edith M. McKitrick

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 15th *day of* October *19* 56

Notary Public
(Official Title)

The State of Ohio, Union **County, ss.**

I, Wade G. McKitrick 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.*

Wade G. McKitrick

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 15th *day of* October *19* 56.

Notary Public
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Alice McKitrick

October 23, 19 56

Case No. A-850

ORDER FOR HEARING

This day Alice McKitrick Frederick *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application dispensed with

It is further ordered by The Court that Todd Hoopes *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page XXX (Seal) Luther L. Liggett *Probate Judge.*

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No. ..... Page .....

PROBATE COURT

In the Matter of .....

COMMISSION OR DEPOSITION OF .....

Barrett Brothers, Publishers
42.5.3

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ... County, Ohio

..... 19.....

Case No. .....

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of .....
for an order of The Court correcting .....*birth record, as it is registered in the office of* .....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by* .....
.....;
that notice of the hearing on said application has been .....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... (Surname) (First) (Middle)
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... (Surname) (First) (Middle)
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Alice McKitrick

Probate Court, Union County, Ohio

October 24, *19* 56

Case No. A-850

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Alice McKitrick Frederick
for an order of The Court directing the registration of her *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 Wade G. McKitrick and Edith M. McKitrick, credible witnesses, and Entry in family Bible exhibited.;
that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Jerome (City) (Village) (Township)
(c) Name of hospital or institution:
At home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community lifetime
(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 McKitrick (Surname) Alice (First) Lucille (Middle)
4. Date of birth Feb. 1, 1904 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9
8. Mother married? Yes

FATHER OF CHILD
9. Full name McKitrick (Surname) Wade (First) G. (Middle)
10. Color or race White 11. Age at time of this birth 27 yrs.
12. Birthplace Jerome Township (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD
15. Full maiden name Vining (Surname) Edith (First) M. (Middle)
16. Color or race White 17. Age at time of this birth 30 yrs.
18. Birthplace Dover Township (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living? 5
(b) How many other children were born alive but are now dead? None
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name Jay Pounds
Address Ostrander, Ohio
M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) Luther L. Liggett .....*Probate Judge.*

.....
Deputy Clerk.

Prob. 656-E

Barrett Brothers, Publishers, Springfield, Ohio

COMMISSION TO TAKE DEPOSITION
(CORRECTION OR REGISTRATION OF BIRTH)

Probate Court, Union County, Ohio

In the Matter of
(1) Registration of Birth
of Alice McKitrick

Case No. A-850

COMMISSION

To Todd Hoopes, *Greeting:*

Know you, that I, Judge of the Probate Court of Union *County, Ohio, have appointed you, and by these presents do give you full power and authority to examine and take the depositions of* Wade G. McKitrick and Edith M. McKitrick *who resides at* 820 Delaware Avenue, Marysville, Ohio (Witness) or (Applicant) *and who* are *unable to appear in said Court, in the matter of the*(1) Registration of Birth *of* Alice McKitrick Frederick *now a resident of* Ft. Wayne (City or Village) Indiana (State), *who has filed an application for the*(1) Registration of Birth (County) *in* Union *County, Ohio; and therefore I command you that, at certain times and places appointed by you, you cause the said* Wade G. McKitrick and Edith M. McKitrick *to be brought before you, and then and there examine* them, *on oath or affirmation first taken before you, touching the*(1) Registration of Birth *of the said* Alice McKitrick, *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* 23rd *day of* October 19 56

(Seal) Luther L. Liggett
Judge and ex-officio Clerk of the Probate Court

DEPOSITION OF Wade G. McKitrick and Edith M. McKitrick

In the Matter of
(1) Registration of Birth
of Alice McKitrick

Case No. A-850

DEPOSITION

I, Todd Hoopes, *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* Wade G. McKitrick and Edith M. McKitrick (Witness) or (Applicant) *in the matter of the*(1) Registration of Birth *of* Alice McKitrick, *now a resident of* Ft. Wayne (City or Village) Indiana (State), *do hereby certify that in pursuance of said commission, I caused the said* Wade G. McKitrick and Edith M. McKitrick *to come personally before me at* Marysville, Ohio, *who, being duly sworn according to law to speak the truth, the whole truth and nothing but the truth, concerning the*(1) Registration of Birth *of* Alice McKitrick, *testifies as follows:*

McKitrick

Wade G. McKitrick and Edith M., *the undersigned, being first duly sworn according to law to tell the truth, the whole truth and nothing but the truth,* do *hereby* (Swear or Affirm) *that* Alice McKitrick *was born in* Union *County, Ohio; that* now a resident *of* Ft. Wayne (City or Village) Indiana (State); (County) *and that the following are the available facts with relation to* her *birth, as of date of delivery:*

3. Full name of child: McKitrick (Surname) Alice (First) Lucille (Middle)
4. Date of birth: Feb. 1, 1904 (Month) (Day) (Year)
5. Sex: Female
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy: 9
8. Mother married? Yes

FATHER OF CHILD

9. Full name: McKitrick (Surname) Wade (First) G. (Middle)
10. Color or race: White
11. Age at time of this birth: 27 yrs.
12. Birthplace: Jerome Township (City, town, or county) Ohio (State or foreign country)
13. Usual occupation: Farmer
14. Industry or business: .....

MOTHER OF CHILD

15. Full maiden name: Vining (Surname) Edith (First) M. (Middle)
16. Color or race: White
17. Age at time of this birth: 30 yrs.
18. Birthplace: Dover Township (City, town, or county) Ohio (State or foreign country)
19. Usual occupation: Housewife
20. Industry or business: .....

21. Children born to this mother:
(a) How many other children of this mother are now living? 5
(b) How many other children were born alive but are now dead? None
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name: Jay Pounds
Address: Ostrander, Ohio

M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) Luther L. Liggett *Probate Judge.*

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD-18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Ethel Marie Robinson

Case No. A851

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Milford Center, Union Co., 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, O.
(City) (Village) (Township)

(c) Name of hospital or institution:
Home, Milford Center, Union Co., Ohio
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community 30 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Milford Center, Ohio
(City) (Village) (Township)

(d) Street No. West State Street

3. Full name of child Robinson (Surname) Ethel (First) Marie (Middle)

4. Date of birth July 29 1942 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Robinson, Lester Elmer, Sr. (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 39 yrs.

12. Birthplace Plain City, Ohio (City, town, or county) ..... (State or foreign country)

13. Usual occupation Farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Brown Evelyn Faye (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Milford Center, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation house wife

20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 5
(b) How many other children were born alive but were then dead? 1
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. John Boylan
Address Milford Center, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded.

Your applicant hereby makes application for an order of the Court, directing the registration of Ethel Marie Robinson, *as provided by law.*

GERTRUDE 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.*

GERTRUDE BROWN *Applicant*

P. O. Address .....

Sworn to before me and signed in my presence this 24th *day of* October *19*56.

Elsie Janis Cole
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Mrs. Norma Brown, Aunt of the child, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Norma Brown

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 24th *day of* October *19*56.

Elsie Janis Cole
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Lester Elmer Robinson, Sr., Father of the child, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lester Elmer Robinson, Sr.

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 24th *day of* October *19*56.

Elsie Janis Cole
Deputy-Clerk
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Ethel Marie Robinson

October 24 1956

Case No. A851

ORDER FOR HEARING

This day Gertrude Brown *appeared in open court and filed an application for the* registration of birth of Ethel Marie Robinson

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Ethel Marie Robinson

Probate Court, Union **County, Ohio**

October 24 *19* 56

Case No. A851

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Ethel Marie Robinson

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. Norma Brown and Lester Elmer Robinson, Sr., credible witnesses and Union County School Records.;

that notice of the hearing on said application has been dispensed with*; and, (being convinced that the claim of the applicant is true,) that the following are the 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, O. (City) (Village) (Township)

(c) Name of hospital or institution:
Home, Milford Center, Ohio
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution..... In this community 30 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Milford Center, O. (City) (Village) (Township)

(d) Street No. West State Street

3. Full name of child Robinson Ethel Marie (Surname First Middle)

4. Date of birth July 29, 1942 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Robinson, Lester Elmer, Sr. (Surname First Middle)

10. Color or race white 11. Age at time of this birth 39 yrs.

12. Birthplace Plain City, O. (City, town, or county) (State or foreign country)

13. Usual occupation Farmer

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Brown Evelyn Faye (Surname First Middle)

16. Color or race white 17. Age at time of this birth 30 yrs.

18. Birthplace Milford Center, O. (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living? 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 Dr. John Boylan

Address Milford Center, Ohio

M. D., midwife, or other M. D. Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Sandra Lee Robinson

Case No. A852

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Milford Center, Union Co, 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, O. (City) (Village) (Township)
(c) Name of hospital or institution: Home, Milford Center, O.
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 34 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Milford Center, Ohio (City) (Village) (Township)
(d) Street No. West State Street

3. Full name of child Robinson (Surname) Sandra (First) Lee (Middle)

4. Date of birth July 4, 1946 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: single — If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Robinson, Lester Elmer, Sr. (Surname) (First) (Middle)
10. Color or race white — 11. Age at time of this birth 43 yrs.
12. Birthplace Plain City, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name Brown, Evelyn Faye (Surname) (First) (Middle)
16. Color or race white — 17. Age at time of this birth 34 yrs.
18. Birthplace Milford Center, 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? 6
(b) How many other children were born alive but were then dead? 3
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. John Boylan
Address Milford Center, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration of Sandra Lee Robinson, *as provided by law.*

GERTRUDE 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.*

GERTRUDE BROWN *Applicant*

P. O. Address

Sworn to before me and signed in my presence this 24th *day of* October *19* 56

Elsie Janis Cole
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of
of

Probate Court, **County, Ohio**

The State of Ohio, **County, ss.**

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*

(Official Title)

The State of Ohio, Union **County, ss.**

I, Norma Brown, Aunt of the child, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Norma Brown

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 24th *day of* October *19* 56

Elsie Janis Cole
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Lester Elmer Robinson, Sr., Father of the child, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lester Elmer Robinson, Sr.

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 24th *day of* October *19* 56

Elsie Janis Cole
Deputy-Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Sandra Lee Robinson

October 24 *19* 56

Case No. A852

ORDER FOR HEARING

This day Gertrude Brown *appeared in open court and filed an application for the* Registration of birth of Sandra Lee Robinson

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with.

It is further ordered by The Court that *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—356-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...County, Ohio

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Sandra Lee Robinson

Probate Court, Union County, Ohio

October 24 *19* 56

Case No. A852

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Sandra Lee Robinson

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. Norma Brown and Lester Elmer Robinson, Sr., Credible witnesses and Union County School Records.;

that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the 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, O. (City) (Village) (Township)

(c) Name of hospital or institution:

Home, Milford Center, Ohio

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 34 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Milford Center, O. (City) (Village) (Township)

(d) Street No. West State Street

3. Full name of child Robinson Surname Sandra First Lee Middle

4. Date of birth July 4, 1946 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Robinson Surname Lester Elmer First Middle

10. Color or race white 11. Age at time of this birth 43 yrs.

12. Birthplace Plain City, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Farmer

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Brown, Surname Evelyn First Faye Middle

16. Color or race white 17. Age at time of this birth 34 yrs.

18. Birthplace Milford Center, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

22. Attending Physician or Midwife:

Name Dr. John Boylan

Address Milford Center, Ohio

.....

M. D., midwife, or other M. D. Date signed.....

21. Children born to this mother:

(a) How many other children of this mother are now living? 6

(b) How many other children were born alive but are now dead? 3

(c) How many children were born dead? 0

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of birth
of Roland Nelson Kennedy

Case No. A-853

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 2130 West Lane Avenue Columbus, Ohio; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Marysville, (City) (Village) (Township)
(c) Name of hospital or institution:
Home, Marysville, Ohio Union Co.
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 31 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Kennedy (Surname) Roland (First) Nelson (Middle)

4. Date of birth June 27, 1898 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Kennedy, John Charles (Surname) (First) (Middle)
10. Color or race White 11. Age at time of this birth 31 yrs.
12. Birthplace Madison County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Civil Engineer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Robinson, Fannie B. (Surname) (First) (Middle)
16. Color or race white 17. Age at time of this birth 31 yrs.
18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? two
(b) How many other children were born alive but were then dead? one
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. C. B. Mills
Address Marysville, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

s/ Roland Nelson Kennedy *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

s/ Roland Nelson Kennedy *Applicant*
P. O. Address 2130 West Lane Ave., Columbus, Ohio

Sworn to before me and signed in my presence this 2nd *day of* November *19*56.

s/ Mary Sanders
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Opal B. Kennedy, step-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.*

s/ Opal B. Kennedy
P. O. Address 207 West 8th St., Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* November *19*56.

s/ Mary Sanders
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Richard L. Cameron, Uncle 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.*

s/ Richard L. Cameron
P. O. Address 251 West 8th St., Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* November *19*56.

s/ Mary Sanders
Deputy-Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of birth
of Roland Nelson Kennedy

November 2, *19*56
Case No. A-853

ORDER FOR HEARING

This day Roland Nelson Kennedy *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

s/ Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Roland Nelson Kennedy

Probate Court, Union **County, Ohio**

November 2 *19*56

Case No. A-853

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Roland Nelson Kennedy

for an order of The Court directing the registration of 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 Opal B. Kennedy and Richard T. Cameron credible witnesses and Navy discharge record exhibited to 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 (City) (Village) (Township)

(c) Name of hospital or institution:

at home, Marysville, Ohio, Union Co. (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 31 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville, (City) (Village) (Township)

(d) Street No.....

3. Full name of child Kennedy Roland Nelson (Surname First Middle)

4. Date of birth June 27, 1898 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Kennedy John Charles (Surname First Middle)

10. Color or race white 11. Age at time of this birth 31 yrs.

12. Birthplace Madison County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Civil Engineer

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Robinson, Fannie B. (Surname First Middle)

16. Color or race white 17. Age at time of this birth 31 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living? 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. B. Mills

Address Marysville, Ohio

.....

M. D., midwife, or other M. D. Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

s/ Luther L. Liggett *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record
of Roy Milton Marine

Case No. A-854

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 140 East Frambes Ave., Columbus 1, Ohio; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Leesburg Township (City) (Village) (Township)
(c) Name of hospital or institution: at home-Leesburg Township, Union Co. 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 2 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Marine (Surname) Roy (First) Milton (Middle)
4. Date of birth Dec. 21, 1902 (Month) (Day) (Year)
5. Sex Male
6. Twin or triplet single If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD

9. Full name Marine, Lewis Franklin (Surname) (First) (Middle)
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Fayette County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Martindill, Lutheria May (Surname) (First) (Middle)
16. Color or race white 17. Age at time of this birth 38 yrs.
18. Birthplace Vinton County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? three
(b) How many other children were born alive but were then dead? 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

Your applicant further represents that the registration of his *birth*

has not been properly and accurately recorded in Volume 3 page 144 No.205 of the birth records of Union County, Ohio, Union County Probate Court. That applicant's name is recorded as Robert Marine and should be Roy Milton Marine; that applicant's father's name is recorded as L. F. Marine and should be Lewis Franklin Marine; that applicant's mother's name is recorded as May Martindill and should be Lutheria May Martindill.

Your applicant hereby makes application for an order of the Court, directing the correction of his birth record as provided by law.

Applicant

The St ... *ly believes.*

Applicant

... l, Ohio

Su

(Seal) Mary Sanders
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, Ernest Chaney, 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.*

Ernest Chaney

P. O. Address Route #3, Washington C.H., Ohio

Sworn to before me and signed in my presence this 21st *day of* November *19* 56.

(Seal) Mary Sanders
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Nellie M. Chaney, 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.*

Nellie M. Chaney

P. O. Address Route #3, Washington C.H., Ohio

Sworn to before me and signed in my presence this 21st *day of* November *19* 56.

(Seal) Mary Sanders
Deputy-Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of birth record
of Roy Milton Marine

November 21, *19* 56

Case No. A-854

ORDER FOR HEARING

This day Roy Milton Marine *appeared in open court and filed an application for the* correction of his birth record

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with. *It is further ordered by The Court that* ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

(Seal) Luther L. Liggett *Probate Judge.*

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JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Roy Milton Marine

Probate Court, Union County, Ohio

November 21, 1956

Case No. A-854

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Roy Milton Marine

for an order of The Court correcting his *birth record, as it is registered in the office of* probate Court, Union County, Ohio Record of Births Volume 3, page 144 No. 205

on consideration of the evidence submitted, finds that the facts stated in the application are supported by the testimony of two credible witnesses, Ernest Chaney and Nellie M. Chaney and documentary evidence of insurance policy with New York Life Insurance Company dated June 17, 1929 exhibited to Court The Court/

that notice of the hearing on said application has been dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County: Union

(b): Leesburg Township (City) (Village) (Township)

(c) Name of hospital or institution: at home-Leesburg Township, Union Co. 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: 2 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State: Ohio

(b) County: Union

(c): Leesburg Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child: Marine (Surname) Roy (First) Milton (Middle)

4. Date of birth: Dec. 21, 1902 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: single If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name: Marine, Lewis Franklin (Surname) (First) (Middle)

10. Color or race: white 11. Age at time of this birth: 30 yrs.

12. Birthplace: Fayette County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation: Farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name: Martindill, Lutheria May (Surname) (First) (Middle)

16. Color or race: white 17. Age at time of this birth: 38 yrs.

18. Birthplace: Vintoncounty, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation: housewife

20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? three
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name: Unknown
Address .....
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That applicant's name is recorded as Robert Marine in Volume 3, Page 144, No. 205 of the records of birth of Union Co. Ohio Probate Court, Marysville, Ohio and should be corrected to Roy Milton Marine; that applicant's father's name is recorded as L. F. Marine and should be Lewis Franklin Marine; that applicant's mother's name is recorded as May martindill and should be Lutheria May Martindill

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... County, Ohio

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of .....

for an order of The Court directing the registration of ..... *birth.*

....., *having personally examined the applicant in open court,*

finds that the facts stated in the application are supported by .....;

that notice of the hearing on said application has been .....; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of birth

of Ray Kenneth Wood

Case No. A-846

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Rural Route #2, Bellefontaine, Ohio; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) (Village) (Township)

(c) Name of hospital or institution: at home-Richwood, Union County, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 1 yr. (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 Wood (Surname) Ray (First) Kenneth (Middle)

4. Date of birth May 3rd, 1905 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single

If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Wood, Ray William (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace R.D.Charleston, West Virginia (City, town, or county) (State or foreign country)

13. Usual occupation Tailor

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Davis, Edna Elizabeth (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 25 yrs.

18. Birthplace Marion County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? none

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Bert P. Hall

Address Richwood, Ohio

M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* 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 Kenneth Wood *Applicant*

The State of 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 Kenneth Wood *Applicant*

P. O. Address Rural Route #2, Bellefontaine, Ohio

Sworn to before me and signed in my presence this 18th *day of* September *19* 56.

(Seal)

Mary Sanders

Deputy-Clerk (Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Howard C. Wood 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.*

Howard C. Wood

P. O. Address 155 West Ottawa St., Richwood, Ohio

Sworn to before me and signed in my presence this 18th *day of* September *19* 56.

(Seal)

Mary Sanders

Deputy-Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, Loy Schultz, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Loy Schultz

P. O. Address 134 West Ottawa Street, Richwood, Ohio

Sworn to before me and signed in my presence this 4th *day of* December *19* 56.

(Seal)

Mary Sanders

Deputy-Clerk (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of birth

of Ray Kenneth Wood

December 4, *19* 56

Case No. A-846

ORDER FOR HEARING

This day Ray Kenneth Wood *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

(seal) Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...County, Ohio

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Ray Kenneth Wood

Probate Court, Union County, Ohio

December 4, *19* 56

Case No. A-846

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Ray Kenneth Wood

for an order of The Court directing the registration of 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 Howard C. Wood and Loy Schultz, credible witnesses and U. S. Army discharge record exhibited to Court; *that notice of the hearing on said application has been* dispensed with*; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) (Village) (Township)

(c) Name of hospital or institution: at home-Richwood, Union County, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 1 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 Wood (Surname) Ray (First) Kenneth (Middle)

4. Date of birth May 3rd, 1905 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Wood, (Surname) Ray (First) William (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace R.D. Charleston, (City, town, or county) West Virginia (State or foreign country)

13. Usual occupation Tailor

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Davis, (Surname) Edna (First) Elizabeth (Middle)

16. Color or race white 17. Age at time of this birth 25 yrs.

18. Birthplace Marion County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living? 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. Bert P. Hall

Address Richwood, Ohio

.....

M. D., midwife, or other M.D. Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) Luther L. Liggett *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of Jesse J. Adams

Case No. A-847

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Richwood, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Richwood (City) (Village) (Township)
(c) Name of hospital or institution: at home-Richwood, Union County, Ohio (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 19 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 Adama (Surname) Jesse (First) J. (Middle)

4. Date of birth Feb. 11, 1887 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: single

If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Adams, Henry H. (Surname) (First) (Middle)
10. Color or race white 11. Age at time of this birth 20 yrs.
12. Birthplace Richwood, Union Co. Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Horse Trader & farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Sloop, Lettie (Surname) (First) (Middle)
16. Color or race white 17. Age at time of this birth 19 yrs.
18. Birthplace Richwood, Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Hall
Address Richwood, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of hie *birth* has not been properly and accurately recorded in volume 3 page 1 No. 2 of the birth records of Union County, Ohio, Union County probate Court. That applicant's name is recorded as (not named) Adams and should be Jesse J. Adams; that applicant's birth date is recorded as Feb. 10, 1887 and should be Feb. 11, 1887; that applicant's father's name is recorded as Henry Adams and should be Henry H. Adams; that applicant is listed as female and should be male.

s provided by law.
..... *Applicant*
verily believes.
..... *Applicant*
P. O. Address ..... Richwood, Ohio,

Sworn to before me and signed in my presence this 13th *day of* December *19* 56.

(Seal)

Mary Sanders
Deputy-Clerk (Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... County, ss.

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

..... (Official Title)

The State of Ohio, Union County, ss.

I, pay perry , no relation 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.*

Pay Perry
P. O. Address 102 South Franklin St., Richwood, Ohio.

Sworn to before me and signed in my presence this 13th *day of* December *19* 56.

(Seal)

Mary Sanders
Deputy-Clerk (Official Title)

The State of Ohio, Union County, ss.

I, William McCurdy, no relation 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 McCurdy
P. O. Address 268 North Franklin St., Richwood, Ohio

Sworn to before me and signed in my presence this 13th *day of* December *19* 56.

(Seal)

Mary Sanders
Deputy-Clerk (Official Title)

Probate Court, Union County, Ohio

In the Matter of the Correction of birth record
of Jesse J. Adams,

December 13, *19* 56

Case No. A-847

ORDER FOR HEARING

This day Jesse J. Adams *appeared in open court and filed an application for the* correction of his birth record *with.*

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed/

It is further ordered by The Court that XXX *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page XXXX

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Jesse J. Adams

Probate Court, Union **County, Ohio**

December 13, 19 56

Case No. A-847

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Jesse J. Adams

for an order of The Court correcting his *birth record, as it is registered in the office of* Probate Court, Union County, Ohio Record of Births Volume 3, Page 1 No. 2

The Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by the testimony of two credible witnesses, Pay Perry and William McCurdy and documentary evidence of Entry in family Bible exhibited to Court.

that notice of the hearing on said application has been dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) (Village) (Township)

(c) Name of hospital or institution: at home-Richwood, Union County, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 19 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 Adams (Surname) Jesse (First) J. (Middle)

4. Date of birth Feb. 11, 1887 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: single If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Adams, (Surname) Henry (First) H. (Middle)

10. Color or race white 11. Age at time of this birth 20 yrs.

12. Birthplace Richwood, Union Co. Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Horse Trader & farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Sloop, Lettie (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 19 yrs.

18. Birthplace Richwood, Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Hall

Address Richwood, Ohio

M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That applicant's name is recorded as (not named) Adams in Volume 3, page 1 No.2 of the records of birth of Union Co. Ohio probate Court, Marysville, Ohio and should be corrected to Jesse J. Adams; that applicant's birth date is recorded as Feb. 10, 1887 and should be Feb. 11, 1887; that applicant's father's name is recorded as Henry Adams and should be Henry H. Adams; that applicant is listed as female and should be male.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(seal) Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of .....

for an order of The Court directing the registration of ..... *birth.*

....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* .....;

that notice of the hearing on said application has been .....; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? .....

(b) How many other children were born alive but are now dead? .....

(c) How many children were born dead? .....

22. Attending Physician or Midwife:

Name .....

Address .....

M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of the birth *of* John F. Spain

Case No. A-848

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* North Lewisburg, Chapaign/County, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Allen Township (City) (Village) (Township)
(c) Name of hospital or institution: at home, Allen Township, Union Co. O. (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 4 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Allen Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Spain (Surname) John (First) F (Middle)
4. Date of birth Aug 26, 1887 (Month) (Day) (Year)
5. Sex male
6. Twin or triplet single If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD
9. Full name Spain (Surname) Jacob (First) Lester (Middle)
10. Color or race white 11. Age at time of this birth 21 yrs.
12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation farmer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Smith (Surname) Minnie (First) Dell (Middle)
16. Color or race white 17. Age at time of this birth 15 yrs.
18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 0
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Alexander Smith (deceased)
Address Pottersburg, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration of his birth/, *as provided by law.*

John F. 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.*

John F. Spain *Applicant*

P. O. Address North Lewisburg, Ohio

Sworn to before me and signed in my presence this 18th *day of* December *19* 56.

Elsie Janis Cole
Deputy-Clerk (Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**
I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

.....
.....
(Official Title)

The State of Ohio, Union **County, ss.**
I, L. B. Spain (no relation), *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

L. B. Spain

P. O. Address North Lawisburg, Ohio

Sworn to before me and signed in my presence this 18th *day of* December *19* 56.

Elsie Janis Cole
Deputy-Clerk (Official Title)

The State of Ohio, Union **County, ss.**
I, John W. Organ (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 W. organ

P. O. Address North Lewisburg, Ohio

Sworn to before me and signed in my presence this 18th *day of* December *19* 56

Elsie Janis Cole
Deputy-Clerk (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of birth *of* John F. Spain

December 18 19 56

Case No. A-848

ORDER FOR HEARING

This day John F. 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 dispenced with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...County, Ohio

.....19.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of John F. Spain

Probate Court, Union County, Ohio

18 December 19 56

Case No. A-848

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of John F. 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 L. B. Spain and John W. Organ, credible witnesses and entry in Family Bible and certified copy of marriage recorded exhibited; ;

that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Allen Township
(City) (Village) (Township)

(c) Name of hospital or institution:

at home, Allen Township, Union Co. O.
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 4 years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Allen Township
(City) (Village) (Township)

(d) Street No.....

3. Full name of child Spain John F.
Surname First Middle

4. Date of birth Aug 26, 1887
(Month) (Day) (Year)

5. Sex male

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9mos

8. Mother married? yes

FATHER OF CHILD

9. Full name Spain Jacob Lester
Surname First Middle

10. Color or race white 11. Age at time of this birth 21 yrs.

12. Birthplace Union County, Ohio
(City, town, or county) (State or foreign country)

13. Usual occupation Farmer

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Smith Minnie Dell
Surname First Middle

16. Color or race white 17. Age at time of this birth 15 yrs.

18. Birthplace Union County, Ohio
(City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. Alexander Smith (deceased)

Address Pottersburg, Ohio

.....

M. D., midwife, or other M. D. Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Helen Louise Barker

Case No. A-849

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Rt#3, Marysville, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Paris Township (City) (Village) (Township)

(c) Name of hospital or institution:
at home; Paris Township, Union Coounty, 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 2 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Paris Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child BARKER (Surname) Helen (First) Louise (Middle)

4. Date of birth Feb. 12, 1913 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single

If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Barker, John Lutrel (Surname) (First) (Middle)

10. Color or race White 11. Age at time of this birth 25 yrs.

12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Hale, Lillian Pearl (Surname) (First) (Middle)

16. Color or race White 17. Age at time of this birth 24 yrs.

18. Birthplace Hancock County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Angus MacIvor
Address Marysville, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth *, as provided by law.*

Helen Louise Barker Poling *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Helen Lousie Barker Poling *Applicant*

P. O. Address Route #3, Marysville, Ohio

Sworn to before me and signed in my presence this 20th *day of* December *19*56.

Mary Sanders
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, John L. Barker Father of Applicant *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

John L. Barker

P. O. Address Route #5, Marysville, Ohio

Sworn to before me and signed in my presence this 20th *day of* December *19*56

Mary Sanders
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Lillian Barker 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.*

Lillian Barker

P. O. Address Route #5, Marysville, Ohio

Sworn to before me and signed in my presence this 20th *day of* December *19*56.

Mary Sanders
Deputy-Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Helen Louise Barker

December 20, 1956

Case No. A-849

ORDER FOR HEARING

This day Helen Louise Barker *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Helen Louise Barker

Probate Court, Union **County, Ohio**

December 20, *19* 56

Case No. A-849

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Helen Louise Barker

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 L. Barker and Lillian Barker, credible witnesses and documentary evidence of marriage record exhibited to 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) Paris Township (City) (Village) (Township)

(c) Name of hospital or institution:

at home; Paris Township, Union County, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 2 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Paris Township (City) (Village) (Township)

(d) Street No.....

3. Full name of child BARKER (Surname) Helen (First) Louise (Middle)

4. Date of birth Feb. 12, 1913 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name BARKER (Surname) John (First) Lutrel (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Hale, (Surname) Lillian (First) Pearl (Middle)

16. Color or race shite 17. Age at time of this birth 24 yrs.

18. Birthplace Hancock, County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Angus MacIvor

Address Marysville, Ohio

.....

M. D., midwife, or other M. D. Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Ralph George Richard Bishop

Case No. A-850

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 116 South High St., Marion, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Union Township (City) (Village) (Township)
(c) Name of hospital or institution: at home-Union Twp., Union Co. Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 23 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Union Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Bishop, Ralph George Richard (Surname, First, Middle)
4. Date of birth Sept. 15, 1907 (Month) (Day) (Year)
5. Sex: Male
6. Twin or triplet: single — If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy: 9 mos.
8. Mother married? yes

FATHER OF CHILD

9. Full name: Bishop, John Julius (Surname, First, Middle)
10. Color or race: white — 11. Age at time of this birth: 23 yrs.
12. Birthplace: Union Twp., Union Co. Ohio (City, town, or county) (State or foreign country)
13. Usual occupation: Farmer
14. Industry or business: .....

MOTHER OF CHILD

15. Full maiden name: Bennett, Irma Lucille (Surname, First, Middle)
16. Color or race: white — 17. Age at time of this birth: 23 yrs.
18. Birthplace: Union Twp., Union Co. Ohio (City, town, or county) (State or foreign country)
19. Usual occupation: Housewife
20. Industry or business: .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Wills
Address Milford Center, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* 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 George Richard Bishop *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Ralph George Richard Bishop *Applicant*

P. O. Address 116 South High St., Marion, Ohio

Sworn to before me and signed in my presence this 26th *day of* December *19* 56.

(seal)

Mary Sanders
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, John J. Bishop , father of applicant *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

John J. Bishop

P. O. Address Route #1, Irwin, Ohio

Sworn to before me and signed in my presence this 26th *day of* December *19* 56.

(seal)

Mary Sanders
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Irma L. Bishop , 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.*

Irma L. Bishop

P. O. Address Route #1, Irwin, Ohio

Sworn to before me and signed in my presence this 26th *day of* December *19* 56.

(seal)

Mary Sanders
Deputy-Clerk
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Ralph George Richard Bishop

December 26, 19 56

Case No. A-850

ORDER FOR HEARING

This day Ralph George Richard Bishop *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* XC *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

(Seal) Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

19.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Ralph George Richard Bishop

Probate Court, Union **County, Ohio**

December 26th, *19* 56

Case No. A-850

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Ralph George Richard Bishop

for an order of The Court directing the registration of 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 J. Bishop and Irma L. Bishop, credible witnesses and documentary evidence of certificate of Baptism exhibited to 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) Union Township (City) (Village) (Township)

(c) Name of hospital or institution:

at home-Union Twp., Union Co. Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 23 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Union Township (City) (Village) (Township)

(d) Street No.....

3. Full name of child Bishop, Ralph George Richard (Surname First Middle)

4. Date of birth Sept. 15, 1907 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Bishop, John Julius (Surname First Middle)

10. Color or race white 11. Age at time of this birth 23 yrs.

12. Birthplace Union Twp., Union Co. Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Farmer

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Bennett, Irma Lucille (Surname First Middle)

16. Color or race white 17. Age at time of this birth 23 yrs.

18. Birthplace Union Twp., Union Co. Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Wills

Address Milford Center, Ohio

M. D., midwife, or other M.D. Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(seal) Luther L. Liggett *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of Anna Ethel Printz

Case No. A-851

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Rt#1, Mechanicburg, 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 (City) (Village) (Township)
(c) Name of hospital or institution: at home-Peoria, 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 19 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Peoria (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Printz (Surname) Anna (First) Ethel (Middle)

4. Date of birth April 5 1901 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9mos

8. Mother married? yes

FATHER OF CHILD

9. Full name Printz, (Surname) John Leonidas (First) (Middle)
10. Color or race white — 11. Age at time of this birth 36 yrs.
12. Birthplace Ridgeway, Hardin County, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Barber
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Turner (Surname) Roxanna (First) (Middle)
16. Color or race white — 17. Age at time of this birth 19 yrs.
18. Birthplace Peoria, Union County, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 0
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. C. A. Thompson
Address Raymond, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* see attached sheet

Your applicant hereby makes application for an order of the Court, directing the correction of this birth *as provided by law.*

Anna Ethel Printz Forsythe *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Anna Ethel Printz Forsythe *Applicant*

P. O. Address Route #1, Mechanicsburg

Sworn to before me and signed in my presence this 24th *day of* January *19* 57.

Elsie Janis Cole
Deputy-Clerk
(Official Title)

has not been properly and accurately recorded in Vol. 3 page 161, No. 226 of the birth records of Union County, Ohio, Union County Probate Court. That applicant's name is recorded as Baby Prince and listed as Male and should be Anna Ethel Printz, Female; that applic nts birth date is recored as March 5, 1901 and should be April 5, 1901; that applicant's father's name is recorded as John Prince and should be John Printz; that applicant's mother's name is listed as Roxey Turner and should be Roxanna Turner (this is the attached sheet from the Application)

In the Matter of the ..... unty, Ohio
of .....
The St
I, ... ysician in
attend ..... pplication
are tru

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Roxanna Printz 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.*

Roxanna Printz

P. O. Address 312 E. 4th St, Marysvi le, Ohio

Sworn to before me and signed in my presence this 24th *day of* January *19* 57.

Elsie Janis Cole
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Fannie Barry 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.*

Fannie Barry

P. O. Address 439 E. 7th St., Marysville, Ohio

Sworn to before me and signed in my presence this 24th *day of* January *19* 57.

Elsie Janis Cole
Deputy-Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Anna Ethel Printz

24 January 19 57

Case No. A-851

ORDER FOR HEARING

This day Anna Ethel Printz *appeared in open court and filed an application for the* correction of her birth record

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Anna Ethel Printz

Probate Court, Union **County, Ohio**

24 January 1957

Case No.

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Anna Ethel Printz *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court, Union County, Ohio Record of births, Volume 3, page 161, no. 226. The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of of two credible witnesses, Roxanna Printz and Fannie Barry and documentary evidnece of Entry in family Bible exhibited to the Court. *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Peoria (City) (Village) (Township)
(c) Name of hospital or institution: at home, Peoria, 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 19 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Peoria (City) (Village) (Township)
(d) Street No.

3. Full name of child: Printz (Surname) Anna Ethel (First Middle)
4. Date of birth April 5, 1901 (Month) (Day) (Year)
5. Sex: Female
6. Twin or triplet: single If so—born 1st, 2d, or 3d
7. Number months of pregnancy: 9 mos.
8. Mother married? yes

FATHER OF CHILD
9. Full name: Printz (Surname) John Leonidas (First Middle)
10. Color or race: white
11. Age at time of this birth: 36 yrs.
12. Birthplace: Ridgeway, Hardin County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation: Barber
14. Industry or business:

MOTHER OF CHILD
15. Full maiden name: Turner (Surname) Roxanna (First Middle)
16. Color or race: white
17. Age at time of this birth: 19 yrs.
18. Birthplace: Peoria, Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation: housewife
20. Industry or business:

21. Children born to this mother:
(a) How many other children of this mother are now living? 0
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name: Dr. C. A. Thompson
Address: Raymond, Ohio
M. D., midwife, or other: M. D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That applicant's name is recorded as Baby Printz and listed as Male and Should be Anna Ethel Printz, female; that applicant's birth date is recorded as March 5, 1901 and should be April 5, 1901; that Applicant's father's name is recorded as John Prince and should be John Printz; that Applicant's mother's name is recorded as Roxey Turner and should be Roxanna Turner.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.* ....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County
(b) (City) (Village) (Township)
(c) Name of hospital or institution: (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ... In this community ... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State
(b) County
(c) (City) (Village) (Township)
(d) Street No.

3. Full name of child: (Surname) (First) (Middle)
4. Date of birth (Month) (Day) (Year)
5. Sex
6. Twin or triplet ... If so—born 1st, 2d, or 3d
7. Number months of pregnancy
8. Mother married?

FATHER OF CHILD
9. Full name: (Surname) (First) (Middle)
10. Color or race
11. Age at time of this birth ... yrs.
12. Birthplace: (City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business

MOTHER OF CHILD
15. Full maiden name: (Surname) (First) (Middle)
16. Color or race
17. Age at time of this birth ... yrs.
18. Birthplace: (City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name
Address
M. D., midwife, or other ... Date signed ...

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Fredrick Eugene Brehm

Case No. A-853

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Box 23, Raymond, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Marysville, Ohio
(City) (Village) (Township)
(c) Name of hospital or institution:
at home- Marysville, Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 28 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville
(City) (Village) (Township)
(d) Street No. .....

3. Full name of child Brehm (Surname) Fredrick (First) Eugene (Middle)
4. Date of birth Feb. 16, 1930 (Month) (Day) (Year)
5. Sex Male
6. Twin or triplet single
If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD
9. Full name Brehm, Fredrick Ernest (Surname) (First) (Middle)
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Madison County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Collinson, Iona Dale (Surname) (First) (Middle)
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none
Answers must be given as of date of delivery of applicant

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.*

Fredrick Eugene Brehm *Applicant*

The State of Ohio, Union **County.**
The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Fredrick Eugene Brehm *Applicant*
P. O. Address Box 23, Raymond, Ohio

Sworn to before me and signed in my presence this 15th *day of* February *19* 57.

(Seal)
Mary Sanders
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Iona Dale Brehm *,* 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.*

Iona Dale Brehm
P. O. Address Route #1, Peoria, Ohio

Sworn to before me and signed in my presence this 15th *day of* February *19* 57.

Mary Sanders
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Lennie E. Brehm, 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.*

Lennie E. Brehm
P. O. Address 836 Collins Ave., Marysville, Ohio

Sworn to before me and signed in my presence this 15th *day of* February *19* 57.

(Seal)
Mary Sanders
Deputy-Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Fredrick Eugene Brehm

February 15, *19* 57
Case No. A-853

ORDER FOR HEARING

This day Fredrick Eugene Brehm *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

(Seal) Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... (Surname) (First) (Middle)
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name..... (Surname) (First) (Middle)
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....
22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....
Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Fredrick Eugene Brehm

Probate Court, Union **County, Ohio**

February 15, *19* 57

Case No. A-853

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Fredrick Eugene Brehm
for an order of The Court directing the registration of 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 Iona Dale Brehm and Lennie E. Brehm, credible witnesses and documentary evidence of information taken from school record exhibited to 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, Ohio (City) (Village) (Township)
(c) Name of hospital or institution:
at home- Marysville, Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 28 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville (City) (Village) (Township)
(d) Street No.....

3. Full name of child Brehm (Surname) Fredrick (First) Eugene (Middle)
4. Date of birth Feb. 16,1930 (Month) (Day) (Year)
5. Sex Male
6. Twin or triplet single If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD
9. Full name Brehm, Fredrick Ernest (Surname) (First) (Middle)
10. Color or race white 11. Age at time of this birth 30 yrs.
12. Birthplace Madison County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD
15. Full maiden name Collinson, Iona Dale (Surname) (First) (Middle)
16. Color or race white 17. Age at time of this birth 28 yrs.
18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business.....
22. Attending Physician or Midwife:
Name Dr. Angus MacIvor
Address Marysville, Ohio
M. D., midwife, or other M.D Date signed.....

21. Children born to this mother:
(a) How many other children of this mother are now living? none
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none
Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) Luther L. Liggett *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Jennie Lou Smith

Case No. A-854

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 97 West Main St., Columbus, Ohio; *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) (City) Liberty Township (Village) (Township)
(c) Name of hospital or institution: at home- Liberty Twp. Union Co. Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 36 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) (City) Liberty Township (Village) (Township)
(d) Street No. .....

3. Full name of child Smith (Surname) Jennie Lou (First) (Middle)

4. Date of birth Oct. 7, 1895 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet twin If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Smith, William (Surname) (First) (Middle)
10. Color or race ..... 11. Age at time of this birth 40 yrs.
12. Birthplace Ohio (City, town, or county) ..... (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Draper, Arvilla (Surname) (First) (Middle)
16. Color or race ..... 17. Age at time of this birth 36 yrs.
18. Birthplace Ohio (City, town, or county) ..... (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 6
(b) How many other children were born alive but were then dead? 2
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Southard
Address R.D. Marysville, Ohio
.....
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration of her birth, *as provided by law.*

Jennie Lou Smith 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 she *verily believes.*

Jennie Lou Smith McEntire *Applicant*

P. O. Address 97 West Main St. Columbus, Ohio

Sworn to before me and signed in my presence this 18th *day of* February *19* 57.

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Eva Irene Joyner no relation of applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Eva Irene Joyner

P. O. Address 353 W. 4th Ave. Columbus, Ohio

Sworn to before me and signed in my presence this 18th *day of* February *19* 57.

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, John McGreevy no relation 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 McGreevy

P. O. Address Route #3, plain City, Ohio

Sworn to before me and signed in my presence this 18th *day of* February *19* 57.

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Jennie Lou Smith

February 19, *19* 57

Case No. A-854

ORDER FOR HEARING

This day Jennie Lou 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 Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

(Seal) Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...County, Ohio

.....19.....

Case No. .....

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of .....

for an order of The Court correcting .....*birth record, as it is registered in the office of* .....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by* .....

.....;

that notice of the hearing on said application has been .....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Jennie Lou Smith

Probate Court, Union County, Ohio

February 19, 1957

Case No. A-854

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Jennie Lou Smith

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 Eva Irene Joyner and John McGreevy, credible witnesses and documentary evidence of certified copy of marriage record exhibited to 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) Liberty Township (City) (Village) (Township)

(c) Name of hospital or institution: at home-Liberty Twp.Union Co. Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 36 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Liberty Township (City) (Village) (Township)

(d) Street No.....

3. Full name of child Smith Jennie Lou (Surname First Middle)

4. Date of birth Oct. 7, 1895 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet twin If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Smith, William (Surname First Middle)

10. Color or race..... 11. Age at time of this birth 40 yrs.

12. Birthplace Ohio (City, town, or county) ..... (State or foreign country)

13. Usual occupation Farmer

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Draper, Arvilla (Surname First Middle)

16. Color or race..... 17. Age at time of this birth 36 yrs.

18. Birthplace Ohio (City, town, or county) ..... (State or foreign country)

19. Usual occupation housewife

20. Industry or business.....

21. Children born to this mother:

(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? none

22. Attending Physician or Midwife:

Name Dr. Southard

Address R.D. Marysville, Ohio

.....

M. D., midwife, or other M.D. Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) Luther L. Liggett *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Marjorie Louie Gibson

Case No. A-856

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* South Zanesville, Ohio, Route #2, *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Millcreek Township (City) (Village) (Township)
(c) Name of hospital or institution: at home-Millcreek Twp., Union Co. Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 26 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Millcreek Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child: Gibson (Surname) Marjorie (First) Louise (Middle)

4. Date of birth April 19, 1904 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name: Gibson (Surname) Arthur (First) (Middle)
10. Color or race: white — 11. Age at time of this birth: 44 yrs.
12. Birthplace: Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation: Farmer
14. Industry or business: .....

MOTHER OF CHILD

15. Full maiden name: Murphy Glenna Elizabeth (Surname) (First) (Middle)
16. Color or race: white — 17. Age at time of this birth: 26 yrs.
18. Birthplace: Delaware County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation: housewife
20. Industry or business: .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 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. George Cowles
Address: Ostrander, Ohio
M. D., midwife, or other: M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration of her birth, *as provided by law.*

Marjorie Louise Gibson Lane *Applicant*

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.*

Marjorie Louise Gibson Lane *Applicant*

P. O. Address South Zanesville, Ohio, Route #2

Sworn to before me and signed in my presence this 21st *day of* February *19* 57.

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....
.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, Glenna Gibson, 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.*

Glenna Gibson

P. O. Address Route #2, Marysville, Ohio

Sworn to before me and signed in my presence this 21st *day of* February *19* 57.

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Jennie Edward, 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.*

Jennie Edwards

P. O. Address 427 East 7th St., Marysville, Ohio

Sworn to before me and signed in my presence this 21st *day of* February *19* 57.

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Marjorie Louise Gibson

February 21, *19* 57

Case No. A-856

ORDER FOR HEARING

This day Marjorie Louise Gibson *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

(Seal) Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Marjorie Louise Gibson

Probate Court, Union **County, Ohio**

February 21, *19* 57

Case No. A-856

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Marjorie Louise Gibson
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 Glenna Gibson and Jennie Edwards, credible witnesses and documentary evidence of Entry in family Bible exhibited to 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 (City) (Village) (Township)
(c) Name of hospital or institution:
at home-Millcreek Twp., Union Co. Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 26 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Millcreek Township (City) (Village) (Township)
(d) Street No.....

3. Full name of child Gibson Marjorie Louise (Surname First Middle)

4. Date of birth April 19, 1904 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Gibson Arthur (Surname First Middle)
10. Color or race white 11. Age at time of this birth 44 yrs.
12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Murphy Glenna Elizabeth (Surname First Middle)
16. Color or race white 17. Age at time of this birth 26 yrs.
18. Birthplace Delaware County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living? 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. George Cowles
Address Ostrander, Ohio
.....
M. D., midwife, or other M.D. Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(seal) Luther L. Liggett *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record
of Sarah Catherine Hickok

Case No. A-852

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* R.F.D.#3, Richwood, Ohio; *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Leesburg (City) (Village) (Township)
(c) Name of hospital or institution: at home near Pharisburg (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Hickok (Surname) Sarah (First) Catherine (Middle)

4. Date of birth 1-23-1886 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet no If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy none

8. Mother married? yes

FATHER OF CHILD

9. Full name Hickok (Surname) William Morse (First) (Middle)
10. Color or race white 11. Age at time of this birth 36 yrs.
12. Birthplace Franklin, Ohio (City, town, or county) ..... (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Shreyer (Surname) Della Maria (First) (Middle)
16. Color or race white 17. Age at time of this birth 26 yrs.
18. Birthplace Union (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 9
(b) How many other children were born alive but were then dead? 3
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name McFadden
Address Magentic Springs
.....
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Vol2 Page 88 No. 194 of the birth records of Union County, Ohio Brothers name Frank C./ / Hickok was recorded instead of Sarah Catherine Hickok.

Your applicant hereby makes application for an order of the Court, directing the correction of her birth, *as provided by law.*

Sarah Catherine Warner *Applicant*

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.*

Sarah Catherine Warner *Applicant*

P. O. Address R.F.D.#3, Richwood, Ohio

Sworn to before me and signed in my presence this 4th *day of* February *19* 57

Rovert E. Evans, Jr.
Notary Public, State of Ohio MyCommExp 1-17-59
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Fred J. Romine 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.*

Fred J. Romine

P. O. Address Route #1, Marysville,

Sworn to before me and signed in my presence this 5th *day of* February *19* 57

Mary Sanders
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, G. B. Romine 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.*

G. B. Romine

P. O. Address RR#3, Marysville, O.

Sworn to before me and signed in my presence this 5 *day of* Mar. *19* 57

Luther L. Liggett
Probate Judge
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record
of Sarah Catherine Hickok

6 March *19* 57

Case No. A-852

ORDER FOR HEARING

This day Sarah Catherine Hickok *appeared in open court and filed an application for the* the correction of her birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

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JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Sarah Catherine Hickok

Probate Court, Union **County, Ohio**

6 March *19* 57

Case No.

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Sarah Catherine Hickok

for an order of The Court correcting her *birth record, as it is registered in the office of* Probate Court, Union County, Ohio Records of Births Volume 2, page 88 No. 194 *The Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by* The affidavit of Fred Romine and Bert Romine persons having knowledge of the facts and documentary evidence of; photostatice copy of Family Record exhibited to the Court, *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Ohio (City) (Village) (Township)

(c) Name of hospital or institution:

at home near Pharisburg (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Leesburg (City) (Village) (Township)

(d) Street No.

3. Full name of child Hickok (Surname) Sarah (First) Catherine (Middle)

4. Date of birth 1-23-1886 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet no If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Hickok, William Morse (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 36 yrs.

12. Birthplace Franklin (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Shreyer Della Maria (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Union (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living? 9

(b) How many other children were born alive but are now dead? 3

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name McFadden

Address Magnetic Springs, Ohio

M. D., midwife, or other

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

Name is to be corrected to Sarah Catherine Hickok

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

Luther L. Liggett ejc *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of

for an order of The Court directing the registration of birth.

, having personally examined the applicant in open court, finds that the facts stated in the application are supported by

;

that notice of the hearing on said application has been ; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—

1. PLACE OF BIRTH:

(a) County

(b) (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

(c) (City) (Village) (Township)

(d) Street No.

3. Full name of child (Surname) (First) (Middle)

4. Date of birth (Month) (Day) (Year)

5. Sex

6. Twin or triplet If so—born 1st, 2d, or 3d

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

9. Full name (Surname) (First) (Middle)

10. Color or race 11. Age at time of this birth yrs.

12. Birthplace (City, town, or county) (State or foreign country)

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

15. Full maiden name (Surname) (First) (Middle)

16. Color or race 17. Age at time of this birth yrs.

18. Birthplace (City, town, or county) (State or foreign country)

19. Usual occupation

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living?

(b) How many other children were born alive but are now dead?

(c) How many children were born dead?

22. Attending Physician or Midwife:

Name

Address

M. D., midwife, or other Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth

of Lillian Belle Bishop

Case No. A-855

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 34715 Plymouth R. Livonia, Michigan, Wayne County *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Jackson (City) (Village) (Township)

(c) Name of hospital or institution: R.F. D.
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution none In this community
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jackson (City) (Village) (Township)

(d) Street No. R.F.D.

3. Full name of child Bishop (Surname) Lillian (First) Belle (Middle)

4. Date of birth Feb 28 1892 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet no If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Bishop (Surname) Eli (First) (Middle)

10. Color or race white 11. Age at time of this birth 55 yrs.

12. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

13. Usual occupation Carpenter

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Basing (Surname) Elizabeth (First) (Middle)

16. Color or race white 17. Age at time of this birth 44 yrs.

18. Birthplace Canton Berne, (City, town, or county) Switzerland (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? 2
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name unknown
Address
M. D., midwife, or other unknown

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth */ as provided by law.*

Lillian Belle Volmer *Applicant*

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 Belle Volmer *Applicant*

P. O. Address 34715 Plymouth Road, Livonia, Michigan

Sworn to before me and signed in my presence this 18th *day of* February *19*57.

Luther L. Liggett

(seal) Probate Judge (Official Title)

AFFIDAVIT

In the Matter of

of

Probate Court, **County, Ohio**

The State of Ohio, **County, ss.**

I, *do hereby certify that I was the physician in attendance at the birth of* *, the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*.

(Official Title)

The State of Ohio, Union **County, ss.**

I, Frank Allen 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.*

Frank Allen

P. O. Address RR#3, Richwood, Ohio

Sworn to before me and signed in my presence this 18 *day of* Feb. *19*57.

Luther L. Liggett

Probate Judge (Official Title)

The State of Ohio, Union **County, ss.**

I, Rosa Allen 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.*

Rosa Allen

P. O. Address RR#3, Richwood, Ohio

Sworn to before me and signed in my presence this 5 *day of* March *19*57.

Luther L. Liggett

Probate Judge (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth

of Lillian Belle Bishop

6 March *19*57

Case No. A-855

ORDER FOR HEARING

This day Lillian Belle Bishop *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Lillian Belle Bishop

Probate Court, Union **County, Ohio**

6 March *19* 57

Case No. A-855

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lillian Belle Bishop

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* Two credible witnesses testimony, Frank Allen and Rosa Allen and documentary evidence of marriage record and insurance policy exhibited to 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) ..... Township (City) (Village) (Township)

(c) Name of hospital or institution:

R.F.D. (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution none In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ..... Jackson (City) (Village) (Township)

(d) Street No. R.F.D.

3. Full name of child Bishop Lillian Belle (Surname First Middle)

4. Date of birth Feb 28 1892 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet no If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Bishop Eli (Surname First Middle)

10. Color or race white 11. Age at time of this birth 55 yrs.

12. Birthplace ..... Pennsylvania (City, town, or county) (State or foreign country)

13. Usual occupation Carpenter

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Basing Elizabeth (Surname First Middle)

16. Color or race white 17. Age at time of this birth 44 yrs.

18. Birthplace Canton Berne (City, town, or county) Switzerland (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

22. Attending Physician or Midwife:

Name unknown

Address .....

.....

M. D., midwife, or other unknown Date signed.....

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? 2

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

LUther L. Liggett *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Maxine Mader

Case No. A-857

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Marysville, Union Co. Ohio; *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Marysville (City) Paris Twp. (Village) (Township)
(c) Name of hospital or institution: 132 Elwood Ave., Marysville, Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 22 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville (City) Paris Twp. (Village) (Township)
(d) Street No. 132 Elwood Ave.

3. Full name of child Mader (Surname) Maxine (First) (Middle)
4. Date of birth Aug. 15, 1906 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet single If so—born 1st, 2d, or 3d
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD

9. Full name Mader (Surname) Chris (First) (Middle)
10. Color or race white 11. Age at time of this birth 24 yrs.
12. Birthplace Marysville (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Laborer
14. Industry or business Tile plant

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

MOTHER OF CHILD

15. Full maiden name Roney (Surname) Ferne (First) Carey (Middle)
16. Color or race white 17. Age at time of this birth 22 yrs.
18. Birthplace Union Co. Ohio (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business none

22. Attending Physician or Midwife:
Name Dr. Pearl D. Longbrake
Address Marysville, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration of her birth, *as provided by law.*

Maxine Mader 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 she *verily believes.*

Maxine Mader Butler *Applicant*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 5th *day of* March *19* 57.

(seal)

Mary Sanders
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(seal)

.....
.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, Chris Mader 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.*

Chris Mader

P. O. Address 132 Elwood Ave., Marysville, Ohio

Sworn to before me and signed in my presence this 5th *day of* March *19* 57.

(seal)

Mary Sanders
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Ferne Mader 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.*

Ferne C. Mader

P. O. Address 132 Elwood Ave., Marysville, Ohio

Sworn to before me and signed in my presence this 5th *day of* March *19* 57.

(seal)

Mary Sanders
Deputy-clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Maxine Mader

March 5, *19* 57

Case No. A-857

ORDER FOR HEARING

This day Maxine Mader *appeared in open court and filed an application for the* registration of her birth *with.*

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed/

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

(seal)

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

19.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Maxine Mader

Probate Court, Union **County, Ohio**

March 5, *19* 57

Case No. A-857

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Maxine Mader

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 Chris Mader and Ferne Mader, credible witnesses and documentary evidence of Certificate of Baptism exhibited to 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 (City) paris Twp. (Village) (Township)

(c) Name of hospital or institution:

132 Elwood Ave., Marysville, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution 22 yrs. In this community (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) paris Twp. (Village) (Township)

(d) Street No. 132 Elwood Ave.

3. Full name of child Mader (Surname) Maxine (First) (Middle)

4. Date of birth Aug. 15, 1906 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Mader (Surname) Chris (First) (Middle)

10. Color or race white 11. Age at time of this birth 24 yrs.

12. Birthplace Marysville (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Laborer

14. Industry or business Tile plant

MOTHER OF CHILD

15. Full maiden name Roney (Surname) Ferne (First) Carey (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Union Co. Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business none

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. Pearl D. Longbrake

Address Marysville, Ohio

M. D., midwife, or other M.D. Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) Luther L. Liggett *Probate Judge.*

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of the birth *of* Elizabeth Ellen Sarver

Case No. A-858

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Peoria, 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: Union

(a) County

(b) Peoria (City) (Village) (Township)

(c) Name of hospital or institution: at home; Peoria, 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 1yr (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Peoria (City) (Village) (Township)

(d) Street No.

3. Full name of child Sarver (Surname) Elizabeth (First) Ellen (Middle)

4. Date of birth March 19-1906 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: single. If so—born 1st, 2d, or 3d

7. Number months of pregnancy: 9mos

8. Mother married? yes

FATHER OF CHILD

9. Full name: Sarver, (Surname) Jacob (First) Henry (Middle)

10. Color or race: white 11. Age at time of this birth: 26 yrs.

12. Birthplace: Madison County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation: Section Foreman

14. Industry or business:

MOTHER OF CHILD

15. Full maiden name: Opphile (Surname) Mary (First) (N) (Middle)

16. Color or race: white 17. Age at time of this birth: 24 yrs.

18. Birthplace: Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation: housewife

20. Industry or business:

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 1

22. Attending Physician or Midwife:
Name: Dr. P. D. Longbrake
Address: Marysville, Ohio
M. D., midwife, or other: M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded *birth*

Your applicant hereby makes application for an order of the Court, directing the registration of her / *, as provided by law.*

Elizabeth Ellen Sarver *Applicant*

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 Ellen Sarver *Applicant*

P. O. Address Peoria, Ohio

Sworn to before me and signed in my presence this 8th *day of* March *19* 57.

Elsie Janis Cole
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of Registration of Birth *of* Elizabeth Ellen Sarver

Probate Court, Union **County, Ohio**

The State of Ohio, Union **County, ss.**

I, Dr. P. D. Longbrake *, do hereby certify that I was the physician in attendance at the birth of* Elizabeth Ellen Sarver *, the applicant herein, and that the facts stated in the application are true, as I verily believe.*

P. D. Longbrake *Attending Physician*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 9 *day of* March *19* 57.

Luther L. Liggett
Probate Judge
(Official Title)

The State of Ohio, Union **County, ss.**

I, Mary Sarver 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 Sarver

P. O. Address Peoria, Ohio

Sworn to before me and signed in my presence this 8th *day of* March *19* 57.

Elsie Janis Cole
Deputy-Clerk
(Official Title)

The State of Ohio, **County, ss.**

I, *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*

(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of birth *of* Elizabeth Ellen Sarver

8 March 19 57

Case No. A-858

ORDER FOR HEARING

This day Elizabeth Ellen Sarver *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Elizabeth Ellen Sarver

Probate Court, Union **County, Ohio**

8 March *19* 57

Case No. A-858

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Elizabeth Ellen Sarver

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, her Mother, Mrs. Mary Sarver and Attending Physician, Dr. P. D. Longbrake and documentary evidence of the Family Record exhibited to 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) Peoria (City) (Village) (Township)

(c) Name of hospital or institution:

at home; Peoria, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Peoria, (City) (Village) (Township)

(d) Street No.....

3. Full name of child Sarver Elizabeth Ellen (Surname First Middle)

4. Date of birth March 19-1906 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9mos

8. Mother married? yes

FATHER OF CHILD

9. Full name Sarver, Jacob Henry (Surname First Middle)

10. Color or race white 11. Age at time of this birth 26 yrs.

12. Birthplace Madison County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation section foreman

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Opphile Mary (N) (Surname First Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 1

22. Attending Physician or Midwife:

Name Dr. P. D. Longbrake

Address Marysville, Ohio

.....

M. D., midwife, or other M. D. Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Carl Leroy Baker

Case No. A-860

APPLICATION

Your applicant respectfully represents that he *was born in* Madison *County, Ohio; that* he *now resides in* Route #1, Milford Center, Ohio, *and 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
(City) (Village) (Township)

(c) Name of hospital or institution:
at home-Monroe Township, Madison County, Ohio
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community 12 years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Madison

(c) Monroe Township
(City) (Village) (Township)

(d) Street No. .....

3. Full name of child Baker (Surname) Carl (First) Leroy (Middle)

4. Date of birth July 3, 1938 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos

8. Mother married? yes

FATHER OF CHILD

9. Full name Baker (Surname), George (First) Marion (Middle)

10. Color or race white — 11. Age at time of this birth 54 yrs.

12. Birthplace Madison County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Evilsizor (Surname), Elva (First) Irene (Middle)

16. Color or race white — 17. Age at time of this birth 43 yrs.

18. Birthplace Champaign County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? six
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. O. H. Ogden
Address Mechanicsburg, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth, *as provided by law.*

Carl Leroy 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.*

Carl Leroy Baker *Applicant*

P. O. Address Route #1, Milford Center, Ohio

Sworn to before me and signed in my presence this 26th *day of* March *19* 57.

Mary Sanders
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, George M. Baker 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 M. Baker

P. O. Address Route #1, Milford Center, Ohio

Sworn to before me and signed in my presence this 26th *day of* March *19* 57.

Mary Sanders
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Elva Baker 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.*

Elva Baker

P. O. Address Route #1, Milford Center, Ohio

Sworn to before me and signed in my presence this 26th *day of* March *19* 57.

Mary Sanders
Deputy-Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Carl Leroy Baker

March 26, *19* 57

Case No. A-860

ORDER FOR HEARING

This day Carl Leroy 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 Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...County, Ohio

.....19.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Carl Leroy Baker

Probate Court, Union County, Ohio

March 26, 1957

Case No. A-860

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Carl Leroy 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 George M. Baker and Elva Baker, credible witnesses and documentary evidence of information taken from school record exhibited to 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 Madison

(b) Monroe Township (City) (Village) (Township)

(c) Name of hospital or institution:

at home-Monroe Township, Madison County, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 12 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Madison

(c) Monroe Township (City) (Village) (Township)

(d) Street No.....

3. Full name of child Baker (Surname) Carl (First) Leroy (Middle)

4. Date of birth July 3, 1938 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos

8. Mother married? yes

FATHER OF CHILD

9. Full name Baker (Surname) George (First) Marion (Middle)

10. Color or race white 11. Age at time of this birth 54 yrs.

12. Birthplace Madison County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Farmer

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Evilsizor, Elva Irene (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 43 yrs.

18. Birthplace Champaign County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business.....

22. Attending Physician or Midwife:

Name Dr. O. H. Ogden

Address Mechanicsburg, Ohio

.....

M. D., midwife, or other M. D. Date signed.....

21. Children born to this mother:

(a) How many other children of this mother are now living? six

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Vivienne Jean Simmons

Case No. A-861

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 1578 Indianola Avenue Columbus 1, 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) Byhalia, Union County, Ohio (City) (Village) (Township)
(c) Name of hospital or institution: at home-Byhalia, Union Co., 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 1 yr. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Byhalia (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Simmons (Surname) Vivienne (First) Jean (Middle)

4. Date of birth Aug. (Month) 7 (Day) 1932 (Year)

5. Sex: Female

6. Twin or triplet: single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos

8. Mother married? yes

FATHER OF CHILD

9. Full name Simmons, William Nelson (Surname) (First) (Middle)
10. Color or race white — 11. Age at time of this birth 20 yrs.
12. Birthplace Logan County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Laborer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Geiger, Ada Ruth (Surname) (First) (Middle)
16. Color or race white — 17. Age at time of this birth 19 yrs.
18. Birthplace Logan County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother 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. Ralph Brown
Address West Mansfield, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded.

Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

Vivienne Jean Simmons Braidic *Applicant*

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.*

Vivienne Jean Simmons Braidic *Applicant*

P. O. Address 1578 Indianola Ave., Columbus 1, Ohio

Sworn to before me and signed in my presence this 4th *day of* April *19* 57.

Mary Sanders
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Nelson Simmons 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.*

Nelson Simmons

P. O. Address Rushylvania, Ohio

Sworn to before me and signed in my presence this 4th *day of* April *19* 57.

Mary Sanders
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Ruth Simmons 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 Simmons

P. O. Address Rushsylvania, Ohio

Sworn to before me and signed in my presence this 4th *day of* April *19* 57.

Mary Sanders
Deputy-Clerk
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Vivienne Jean Simmons

April 11th *19* 57

Case No. A-861

ORDER FOR HEARING

This day Vivienne Jean Simmons *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Vivienne Jean Simmons

Probate Court, Union **County, Ohio**

April 11th *19* 57

Case No. A-861

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Vivienne Jean Simmons

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 Nelson Simmons and Ruth Simmons credible witnesses and documentary evidence of Wester Southern Life Insurance Company policy No.; 11,180,011 exhibited to 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) Byhalia (City) (Village) (Township)

(c) Name of hospital or institution:

at home-Byhalia, Union County, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 1 yr. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Byhalia (City) (Village) (Township)

(d) Street No.....

3. Full name of child Simmons Surname Vivienne First Jean Middle

4. Date of birth Aug 7, 1932 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Simmons, William Nelson Surname First Middle

10. Color or race white 11. Age at time of this birth 20 yrs.

12. Birthplace Logan County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation laborer

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Geiger, Ada Ruth Surname First Middle

16. Color or race white 17. Age at time of this birth 19 yrs.

18. Birthplace Logan County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business.....

22. Attending Physician or Midwife:

Name Dr. Ralph Brown

Address West Mansfield, Ohio

.....

M. D., midwife, or other M. D. Date signed.....

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett

.....*Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of the Birth *of* Reba Arline Morgan

Case No. A-863

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Ashland, Kentucky *; 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
(City) (Village) (Township)

(c) Name of hospital or institution:
at home- Jerome 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 19 mos.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jerome Township
(City) (Village) (Township)

(d) Street No. .....

3. Full name of child Morgan, (Surname) Reba (First) Arline (Middle)

4. Date of birth March, 15 1904 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9mos

8. Mother married? yes

FATHER OF CHILD

9. Full name Morgan, (Surname) Harry (First) Davis (Middle)

10. Color or race white 11. Age at time of this birth 44 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Engineer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Ebright, (Surname) Estella (First) (Middle)

16. Color or race white 17. Age at time of this birth 36 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 5
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. E. S. Holmes
Address Plain City, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not on record

Your applicant hereby makes application for an order of the Court, directing the registration of her birth, *as provided by law.*

Reba Arline Morgan Clendenen *Applicant*

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.*

Reba Arline Morgan Clendenen *Applicant*

P. O. Address 1207 Ashland Avenue Ashland, Kentucky

Sworn to before me and signed in my presence this 12th *day of* April *19* 57.

Elsie Janis Cole
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of ..... *of* .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Amye Noteman 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.*

Amye M. Noteman

P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 12th *day of* April *19* 57.

Elsie Janis Cole
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Gertie Horn 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.*

Gertie Horn

P. O. Address Unionville Center, Ohio

Sworn to before me and signed in my presence this 12th *day of* April *19* 57.

Elsie Janis Cole
Deputy-Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of the birth *of* Reba Arline Morgan

12 April *19* 57

Case No. A-863

ORDER FOR HEARING

This day Reba Arline Morgan *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application be had forthwith and notice of said hearing be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...County, Ohio

.....19.....

Case No. .....

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of .....

for an order of The Court correcting .....*birth record, as it is registered in the office of* .....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by* .....;

that notice of the hearing on said application has been .....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Reba Arline Morgan

Probate Court, Union County, Ohio

12 April 19 57

Case No. A-863

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Reba Arline Morgan

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 testimoney of Amye Noteman and Gertie Horn credible witnesses and documentary evidence of the Prudential Insurance Company of America, dated October 21, 1924, Policy No. 4850772, exhibited to 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) Jerome Township
(City) (Village) (Township)

(c) Name of hospital or institution:
at home-Jerome 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 19 mos.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jerome Township
(City) (Village) (Township)

(d) Street No.....

3. Full name of child Morgan, Reba Arline
Surname First Middle

4. Date of birth March 15, 1904
(Month) (Day) (Year)

5. Sex Female

6. Twin or triplet sinle If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Morgan, Harry Davis
Surname First Middle

10. Color or race white 11. Age at time of this birth 44 yrs.

12. Birthplace Union County, Ohio
(City, town, or county) (State or foreign country)

13. Usual occupation Engineer

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Ebright, Estella
Surname First Middle

16. Color or race white 17. Age at time of this birth 36 yrs.

18. Birthplace Union County, Ohio
(City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business.....

22. Attending Physician or Midwife:

Name Dr. E. S. Holmes

Address Plain City, Ohio

.....

M. D., midwife, or other M. D. Date signed.....

21. Children born to this mother:

(a) How many other children of this mother are now living? 5

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

LUTHER L. LIGGETT .....*Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Clara May Dillon

Case No. A-859

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Box 216, Three Lakes, Wisconsin; *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union
(b) (City) Liberty Township (Village) (Township)
(c) Name of hospital or institution: at home-Liberty Township, Union County, Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 25 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) (City) Liberty Township (Village) (Township)
(d) Street No. .....

3. Full name of child Dillon (Surname) Clara (First) May (Middle)

4. Date of birth May 2, 1901 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9mos

8. Mother married? yes

FATHER OF CHILD

9. Full name Dillon, Lavern Lockwood (Surname) (First) (Middle)
10. Color or race white — 11. Age at time of this birth 26 yrs.
12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Amrine, Bessie Romette (Surname) (First) (Middle)
16. Color or race white — 17. Age at time of this birth 25 yrs.
18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother 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. Thompson
Address Raymond, Ohio
.....
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not ~~xx~~ recorded
Your applicant hereby makes application for an order of the Court, directing the registration of her birth, *as provided by law.*

Clara May Dillon Paulsen *Applicant*

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 May Dillon Paulsen *Applicant*

P. O. Address Box 216, Three Lakes, Wisconsin

Sworn to before me and signed in my presence this 14th *day of* March *19* 57.

Mary Sanders
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Okey Dillon 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.*

Okey Dillon

P. O. Address Route #1, Peoria, Ohio

Sworn to before me and signed in my presence this 9th *day of* April *19* 57

Elsie Janis Cole
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Eber N. Dillon, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Eber N. Dillon
2602 Neil Avenue, Apt B

P. O. Address Columbus, Ohio

Sworn to before me and signed in my presence this 17th *day of* April *19*57.

Elsie Janis Cole
Deputy-Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Clara May Dillon

17 April *19* 57

Case No. A-859

ORDER FOR HEARING

This day Clara May Dillon *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...County, Ohio

..... 19.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Clara May Dillon

Probate Court, Union County, Ohio

17 April 19 57

Case No. A-859

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Clara May Dillon

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* testimony of Okey Dillon and Eber N. Dillon two credible witnesses and documentary evidence of certified copy of marriage record exhibited to 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) Liberty Township (City) (Village) (Township)

(c) Name of hospital or institution:

at home, Liberty Township, Union County, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 25 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Liberty Township (City) (Village) (Township)

(d) Street No.....

3. Full name of child Dillon, Clara May (Surname) (First) (Middle)

4. Date of birth May 2, 1901 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9mos

8. Mother married? yes

FATHER OF CHILD

9. Full name Dillon, Lavern, Lockwood (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 26yrs.

12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Amrine, Bessie Romette (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 25 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business.....

22. Attending Physician or Midwife:

Name Dr. Thompson

Address Raymond, Ohio

.....

M. D., midwife, or other M. D. Date signed.....

21. Children born to this mother:

(a) How many other children of this mother are now living? one

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Larry Donald Schmelzer

Case No. A-862

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marion, 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) Claibourne (City) (Village) (Township)
(c) Name of hospital or institution: Route #2, Richwood, Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community one week
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Claibourne (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Schmelzer, Larry Donald (Surname, First, Middle)
4. Date of birth April 25, 1941 (Month) (Day) (Year)
5. Sex: male
6. Twin or triplet: single — If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy: 8 mos
8. Mother married? yes

FATHER OF CHILD

9. Full name: Schmelzer, Donald Edward (Surname, First, Middle)
10. Color or race: white — 11. Age at time of this birth: 26 yrs.
12. Birthplace: Richwood, Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation: machinist
14. Industry or business: manuf.

MOTHER OF CHILD

15. Full maiden name: Millington, Retha Marjorie (Surname, First, Middle)
16. Color or race: white — 17. Age at time of this birth: 22 yrs.
18. Birthplace: North Lewisburg, Champaign, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation: waitress
20. Industry or business: .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 2
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. C. L. Thompson
Address York Center, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Larry Donald Schmelzer *Applicant*

The State of Ohio, Union **County.**

The undersigned/applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

/Father of

Donald Edward Schmelzer *Applicant*
526 West Columbia Street, Marion, Ohio *P. O. Address*

Sworn to before me and signed in my presence this 8th *day of* April *19* 57.

Robert F. Allen
Notary Public, State of Ohio Comm exp 3/19/58
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....
.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, Donald Edward Schmelzer 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.*

Donald Edward Schmelzer
526 West Columbia Street, Marion, Ohio *P. O. Address*

Sworn to before me and signed in my presence this 8th *day of* April *19* 57.

Elsie Janis Cole
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Reatha Marjorie Schmelzer 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.*

Reath Marjorie Schmelzer
526 West Columbia St., Marion, Ohio *P. O. Address*

Sworn to before me and signed in my presence this 8th *day of* April *19* 57

Elsie Janis Cole
Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Larry Donald Schmelzer

8 April *19* 57

Case No. A-862

ORDER FOR HEARING

This day Larry Donald Schmelzer *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application be had forthwith and notice of said hearing be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...County, Ohio

.....19.....

Case No. .....

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of .....

for an order of The Court correcting .....*birth record, as it is registered in the office of* .....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by* .....

.....;

that notice of the hearing on said application has been .....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Larry Donald Schmelzer

Probate Court, Union County, Ohio

8 April 19 57

Case No. A-862

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Larry Donald Schmelzer

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimoney of Donald Edward Schmelzer and Reatha Marjorie Schmelzer, two credible witnesses and documentary evidence of Cradle Roll Certificate exhibited to 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) Claibourne (City) (Village) (Township)

(c) Name of hospital or institution:

Route #2, Richwood, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community one week (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County union

(c) Claibourne (City) (Village) (Township)

(d) Street No.....

3. Full name of child Schmelzer (Surname) Larry Donald (First, Middle)

4. Date of birth April 25, 1941 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 8mos

8. Mother married? yes

FATHER OF CHILD

9. Full name Schmelzer (Surname) Donald (First) Edward (Middle)

10. Color or race white 11. Age at time of this birth 26 yrs.

12. Birthplace Richwood, Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation machinist

14. Industry or business manuf.

MOTHER OF CHILD

15. Full maiden name Millington, Reatha Marjorie (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace North Lewisburg, Champaign, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation waitress

20. Industry or business

22. Attending Physician or Midwife:

Name Dr. C. L. Thompson

Address York Center, Ohio

M. D., midwife, or other M. D. Date signed

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Clara Dorothy McBride

Case No. A-864

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Ostrander, 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 (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 not known
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Dover (City) (Village) (Township)
(d) Street No. .....

3. Full name of child McBride (Surname) Clara (First) Dorothy (Middle)

4. Date of birth 12-18-1907 (Month) (Day) (Year)

5. Sex F

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name McBride (Surname) Thomas L. (First) (Middle)
10. Color or race White 11. Age at time of this birth 33 yrs.
12. Birthplace Union Cty (City, town, or county) Dover Township (State or foreign country)
13. Usual occupation Farming
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Huntley (Surname) Cora Leona (First) (Middle)
16. Color or race White 17. Age at time of this birth 31 yrs.
18. Birthplace Delaware County - (City, town, or county) Scioto Township (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? 4
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. G. E. Cowles
Address Ostrander, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of 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.*

Clara Dorothy McBride 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 she *verily believes.*

Clara Dorothy McBride Smart *Applicant*

P. O. Address Ostrander, Ohio

Sworn to before me and signed in my presence this 25th *day of* May *19* 57

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Fred Gabriel, no relation 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.*

Fred Gabriel

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 25th *day of* May *19* 57

Mary Sanders
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Clarence Blinn, no relation 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.*

Clarence Blinn

P. O. Address Ostrander, Ohio

Sworn to before me and signed in my presence this 25th *day of* May *19* 57

(Seal)

Mary Sanders
Deputy-Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Clara Dorothy McBride

May 25, 19 57

Case No. A-864

ORDER FOR HEARING

This day Clara Dorothy McBride Smart *appeared in open court and filed an application for the* Registration of Birth *with*

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed/

It is further ordered by The Court that xx *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

(Seal) Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Clara Dorothy McBride

Probate Court, Union **County, Ohio**

May 25, *19* 57

Case No. A-864

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Clara Dorothy McBride Smart

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 Fred Gabriel and Clarence Blinn, credible witnesses, and documentary evidence of Entry in family Bible exhibited to 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) Dover (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 not known (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Dover (City) (Village) (Township)

(d) Street No.....

3. Full name of child McBride (Surname) Clara (First) Dorothy (Middle)

4. Date of birth 12-18-1907 (Month) (Day) (Year)

5. Sex F

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name McBride (Surname) Thomas (First) L. (Middle)

10. Color or race White 11. Age at time of this birth 33 yrs.

12. Birthplace Union Cty (City, town, or county) Dover Township (State or foreign country)

13. Usual occupation Farming

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Huntley (Surname) Cora Leona (First Middle)

16. Color or race White 17. Age at time of this birth 31 yrs.

18. Birthplace Delaware County (City, town, or county) - Scioto Township (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living? 2

(b) How many other children were born alive but are now dead? 4

(c) How many children were born dead? none

22. Attending Physician or Midwife:

Name Dr. G. E. Cowles

Address Ostrander, Ohio

M. D., midwife, or other..... Deceased.x

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(Seal) Luther L. Liggett *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Albert Clifford Huffman

Case No. A-865

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* St. Petersburg, Florida *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Union (City) (Village) (Township)
(c) Name of hospital or institution: at home; Union Township, Union County, Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 3 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Union (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Huffman (Surname) Albert (First) Clifford (Middle)

4. Date of birth Nov. 10, 1906 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet single If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9mos

8. Mother married? yes

FATHER OF CHILD

9. Full name Huffman, Kendal (Surname) (First) (Middle)
10. Color or race W 11. Age at time of this birth 56 yrs.
12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation laborer
14. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 0
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

MOTHER OF CHILD

15. Full maiden name Ridgeway, Nettie (Surname) (First) (Middle)
16. Color or race W 17. Age at time of this birth 41 yrs.
18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

22. Attending Physician or Midwife:
Name Sarah Huffman
Address Union Township, Union County, Ohio
M. D., midwife, or other midwife

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration of his birth, *as provided by law.*

Albert Clifford Huffman *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Albert Clifford Huffman *Applicant*

P. O. Address 4943- 29th Avenue, St. Petersburg, Florida

Sworn to before me and signed in my presence this 17th *day of* June *19* 57.

Elsie Janis Cole
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Rettie Organ, 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.*

Rettie Organ

P. O. Address North Lewisburg, Ohio

Sworn to before me and signed in my presence this 17th *day of* June *19* 57.

Elsie Janis Cole
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Tella Organ, 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.*

Tella Organ

P. O. Address Elwood Avenue, Marysville, Ohio

Sworn to before me and signed in my presence this 17th *day of* June *19* 57.

Elsie Janis Cole
Deputy-Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of birth
of Albert Clifford Hinderer

17 June *19* 57

Case No. A-865

ORDER FOR HEARING

This day Albert Clifford Hinderer *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

LUTHER L. LIGGETT *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

19.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Albert Clifford Huffman

Probate Court, Union **County, Ohio**

17 June *19* 57

Case No. A-865

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Albert Clifford Huffman

for an order of The Court directing the registration of 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 Rettie Organ and Tella Organ, Cousins of Applicant, credible witnesses, and documentary evidence of The Maccabees Insurance Policy No. 117842, dated 1 March 1937;

that notice of the hearing on said application has been dispensed with*; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Union Township (City) (Village) (Township)

(c) Name of hospital or institution:

at home; Union Township, Union County, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 3 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Union Township (City) (Village) (Township)

(d) Street No.....

3. Full name of child Huffman Albert Clifford (Surname First Middle)

4. Date of birth Nov. 10, 1906 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9mos

8. Mother married? yes

FATHER OF CHILD

9. Full name Huffman, Kendal (Surname First Middle)

10. Color or race white 11. Age at time of this birth 56 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation laboner

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Ridgeway, Nettie (Surname First Middle)

16. Color or race white 17. Age at time of this birth 41 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business.....

21. Children born to this mother:

(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 Sarah Huffman

Address Union Township, Union County, Ohio

M. D., midwife, or other midwife Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Cleta Marie Easterday

Case No. A-866

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Rt#2, Richwood, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne Tp.
(City) (Village) (Township)

(c) Name of hospital or institution:
at home; Claibourne Tp. 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 10 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne Tp.
(City) (Village) (Township)

(d) Street No. .....

3. Full name of child Easterday, Cleta Marie
Surname First Middle

4. Date of birth July 21, 1912
(Month) (Day) (Year)

5. Sex female

6. Twin or triplet single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9mos

8. Mother married? yes

FATHER OF CHILD

9. Full name Easterday, George William
Surname First Middle

10. Color or race W — 11. Age at time of this birth 29 yrs.

12. Birthplace Union County, Ohio
(City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 1
(b) How many other children were born alive but were then dead? 1
(c) How many children were born dead? 0

MOTHER OF CHILD

15. Full maiden name Morford, Bessie Sophia
Surname First Middle

16. Color or race W — 17. Age at time of this birth 29 yrs.

18. Birthplace Union County, Ohio
(City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

22. Attending Physician or Midwife:
Name Dr. Charles Thompson
Address West Mansfield, Ohio

M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registerion of her birth *, as provided by law.*

Cleta Marie Easterday Osborne *Applicant*

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.*

Cleta Marie Easterday Osborne *Applicant*

P. O. Address Rt#2, Richwood, Ohio

Sworn to before me and signed in my presence this 19th *day of* June *19* 57.

Elsie Janis Cole
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of registration of birth
of Cleta Marie Easterday

Probate Court, Union **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ... *, do hereby certify that I was the physician in attendance at the birth of* ..... *, the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, G. W. Easterday, 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.*

G. W. Easterday

P. O. Address Rt#2, Richwood, Ohio

Sworn to before me and signed in my presence this 19th *day of* June *19* 57.

Elsie Janis Cole
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Esther Thompson, no relation 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.*

Esther Thompson

P. O. Address Rt#2, Richwood, Ohio

Sworn to before me and signed in my presence this 19th *day of* June *19* 57.

Elsie Janis Cole
Deputy-Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Cleta Marie Easterday

20 June *19* 57

Case No. A-866

ORDER FOR HEARING

This day Cleta Marie Easter day *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... (Surname) (First) (Middle)

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace .... (City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... (Surname) (First) (Middle)
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace .... (City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Cleta Marie Easterday

Probate Court, Union **County, Ohio**

19 June *19* 57

Case No. A-866

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Cleta Marie Easterday
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 G. W. Easterday and Esther Thompson, credible witnesses and documentary evidence of an insurance policy dated 14 June 1937, from the Prudential Insurance Company of America, policy number 109 983 431, exhibited to 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) Claibourne Tp. (City) (Village) (Township)
(c) Name of hospital or institution:
at home; Claibourne Tp.
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 10 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Claibourne Tp. (City) (Village) (Township)
(d) Street No.....

3. Full name of child Easterday, Cleta Marie (Surname) (First) (Middle)

4. Date of birth July 21, 1912 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9mos

8. Mother married? yes

FATHER OF CHILD

9. Full name Easterday, George William (Surname) (First) (Middle)
10. Color or race W 11. Age at time of this birth 29 yrs.
12. Birthplace Union County, Ohio ..... (City, town, or county) (State or foreign country)
13. Usual occupation farmer
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Morford, Bessie Sophia (Surname) (First) (Middle)
16. Color or race W 17. Age at time of this birth 29 yrs.
18. Birthplace Union County, Ohio ..... (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business.....

21. Children born to this mother:
(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. Charles Thompson
Address West Mansfield, Ohio
.....
M. D., midwife, or other M. D. Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Diggett *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Christine Emma Wilma Stierhoff

Case No. A-867

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Richwood, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH: Union
(a) County
(b) Allen Township (City) (Village) (Township)
(c) Name of hospital or institution:
at home; Allen Township, Union County, Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution In this community 1 yr
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Allen Township (City) (Village) (Township)
(d) Street No.

3. Full name of child Stierhoff, Christine Emma Wilma (Surname, First, Middle)
4. Date of birth Nov 12, 1917 (Month) (Day) (Year)
5. Sex female
6. Twin or triplet single — If so—born 1st, 2d, or 3d
7. Number months of pregnancy 9mos
8. Mother married? yes

FATHER OF CHILD

9. Full name Stierhoff, Alfred (Surname, First, Middle)
10. Color or race white — 11. Age at time of this birth 28 yrs.
12. Birthplace Van Wert 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 Kleiber, Matilda (Surname, First, Middle)
16. Color or race white — 17. Age at time of this birth 22 yrs.
18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 1
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. John ROYLAN
Address Milford Center, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of 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.*

Christine Emma Wilma Stierhoff Burnside *Applicant*

The State of Ohio, Union **County.**
The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Christine Emma Wilma Stierhoff Burnside *Applicant*
P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 25th *day of* June *19* 57.

Elsie Janis Cole
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of Registration of birth
of Christine Emma Wilma Stierhoff

Probate Court, Union **County, Ohio**

The State of Ohio, **County, ss.**
I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address

Sworn to before me and signed in my presence this *day of* *19*

(Official Title)

The State of Ohio, Union **County, ss.**
I, Alfred Stierhoff 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.*

Alfred Stierhoff
P. O. Address Rt#1, Peoria, Ohio

Sworn to before me and signed in my presence this 25th *day of* June *19* 57.

Elsie Janis Cole
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**
I, Matilda Stierhoff 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.*

Matilda Stierhoff
P. O. Address Rt#1, Peoria, Ohio

Sworn to before me and signed in my presence this 25th *day of* June *19* 57.

Elsie Janis Cole
Deputy-Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Christine Emma Wilma Stierhoff

25 June *19* 57

Case No.

ORDER FOR HEARING

This day Christine Emma Wilma Stierhoff *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.

NOTICE OF HEARING RECORDED Page

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...County, Ohio

.....19.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Christine Emma Wilma STIERHOFF

Probate Court, Union County, Ohio

25 June *19* 57

Case No. A-867

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Christine Emma Wilma Stierhoff

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 testimonies of Alfred Stierhoff and Matilda Stierhoff credible witnesses and documentary evidence of baptismal record, exhibited to 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) Allen Township (City) (Village) (Township)

(c) Name of hospital or institution:

at home; Allen Township, Union County, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 1 yr. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Allen Township (City) (Village) (Township)

(d) Street No.....

3. Full name of child Stierhoff, Christine Emma Wilma (Surname First Middle)

4. Date of birth Nov 12, 1917 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9mos

8. Mother married? yes

FATHER OF CHILD

9. Full name Stierhoff, Alfred (Surname First Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Van Wert, County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation farmer

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Stierhoff, Matilda (Surname First Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business.....

22. Attending Physician or Midwife:

Name Dr. John Boylan

Address Milford Center, Ohio

.....

M. D., midwife, or other M.D. Date signed.....

21. Children born to this mother:

(a) How many other children of this mother are now living? 1

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

LUTHER L. LIGGETT *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, UNION County, Ohio

In the Matter of the Registration of Birth
of Joan Fancey

Case No. A-868

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Marysville, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union
(b) Marysville (City) Paris (Village) (Township)
(c) Name of hospital or institution: at home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 6 years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Marysville (City) Paris (Village) (Township)
(d) Street No. 139 Elwood Avenue

3. Full name of child Fancey (Surname) Joan (First) None (Middle)

4. Date of birth July 16, 1931 (Month) (Day) (Year)

5. Sex F.

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Fancey (Surname) Omer (First) James (Middle)
10. Color or race white 11. Age at time of this birth 28 yrs.
12. Birthplace Marysville, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Molder
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Wood (Surname) Hazel (First) Louise (Middle)
16. Color or race white 17. Age at time of this birth 24 yrs.
18. Birthplace London ~~Madison~~, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 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 Angus MacIvor
Address Marysville, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration of her birth, *as provided by law.*

Joan Fancey Robertson *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Joan Fancey Robertson *Applicant*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 24th *day of* JULY *19* 57.

Elsie Janis Cole
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of the registration of birth
of Joan Fancey

Probate Court, UNION County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Omer James Fancey 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.*

Omer James Fancey

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 24th *day of* JULY *19* 57.

Luther L. Liggett
Probate Judge
(Official Title)

The State of Ohio, Union **County, ss.**

I, Hazel Louise Fancey 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.*

Hazel Louise Fancey

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 24th *day of* JULY *19* 57.

Luther L. Liggett
Probate Judge
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Joan Fancey

24 JULY *19* 57

Case No. A-868

ORDER FOR HEARING

This day Joan Fancey Robertson *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Joan Fancey

Probate Court, UNION **County, Ohio**

24 JULY *19* 57

Case No. A-868

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Joan Fancey

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 Omer James Fancey and Hazel Louise Fancey, credible witnesses, and an Insurance policy #6802659, from the Monumental Life Insurance Company, Baltimore 2, Maryland; *that notice of the hearing on said application has been* dispensed with*; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) Paris (Township) (Village)

(c) Name of hospital or institution:

at home

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 6 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) Paris (Township) (Village)

(d) Street No. 139 Elwood Avenue

3. Full name of child Fancey, Joan None (Surname, First, Middle)

4. Date of birth July 16, 1931 (Month) (Day) (Year)

5. Sex F.

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Fancey, Omer James (Surname, First, Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Marysville, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation molder

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Wood Hazel Louise (Surname, First, Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace London (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business.....

22. Attending Physician or Midwife:

Name Angus MacIvor

Address Marysville, Ohio

.....

M. D., midwife, or other M.D. Date signed.....

21. Children born to this mother:

(a) How many other children of this mother are now living? two

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record

of Margaret Elgin Linn

Case No. A869

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 1925 N. Rosemary Dr. Tucson, Arizona *; 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 (City) (Village) (Township)

(c) Name of hospital or institution: at home -- Claibourne Tp., Union Co., 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 26 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne Tp. (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Linn (Surname) Margaret (First) Elgin (Middle)

4. Date of birth Nov 25, 1901 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet single If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Linn (Surname) R. R. (First) (Middle)

10. Color or race white 11. Age at time of this birth 23 yrs.

12. Birthplace Ohio (City, town, or county) ..... (State or foreign country)

13. Usual occupation farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Stamats, Mae (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Union County, Ohio (City, town, or county) ..... (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 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. King
Address Richwood, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Vol. 3, page 125, No. 153 of the birth records of Probate Court Union Co., O.(SEE BELOW)*

Your applicant hereby makes application for an order of the Court, directing the correction of her birth. *as provided by law.*

s/ Margaret Elgin Linn 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 she *verily believes.*

Margaret Elgin Linn Wilson *Applicant*

P. O. Address N. Rosemary Dr., Tuscon, Arizona

Sworn to before me and signed in my presence this 1st *day of* August *19* 57.

s/ Mary Sanders, Deputy Clerk (Official Title)

* That applicant's name is recorded "Martha Linn and should be Margaret Elgin Linn; that applicant's date of birth is recorded Oct. 25, 1901, and should be November 25, 1901; that applicant's mother's maiden name is recorded "May Stamats" and should be "Mae Stamats"

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, Union **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

..... (Official Title)

The State of Ohio, Union **County, ss.**

I, Mae Linn, 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.*

s/ Mae Linn

P. O. Address 334 West Ottawa St., Richawood, Ohio

Sworn to before me and signed in my presence this 1st *day of* August *19* 57.

s/ Mary Sanders, Deputy Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, Carrie S. Williams, 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.*

s/ Carrie S. Williams

P. O. Address .....

Sworn to before me and signed in my presence this 1st *day of* August *19* 57.

s/ Mary Sanders, Deptuy Clerk (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record

of Margaret Elgin Linn

August 1, *19* 57

Case No. A-869

ORDER FOR HEARING

This day Margaret Elgin Linn *appeared in open court and filed an application for the* correction of her birth record

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

..... *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Margaret Elgin Linn

Probate Court, Union **County, Ohio**

August 1, *19*57

Case No.

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Margaret Elgin Linn *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court, Union County, O *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of two credible witnesses, Mae Linn and Carrie S. Williams and documentary evidence of Entry in family Bible exhibited to the Court; *that notice of the hearing on said application has been* dispensed with; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne Tp. (City) (Village) (Township)

(c) Name of hospital or institution: at home - Claibourne Tp., Union Co. 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 26yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne Tp. (City) (Village) (Township)

(d) Street No.

3. Full name of child Linn (Surname) Margaret (First) Elgin (Middle)

4. Date of birth Nov. (Month) 25 (Day) 1901 (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Linn (Surname) R. R. (First) (Middle)

10. Color or race white 11. Age at time of this birth 23 yrs.

12. Birthplace ..... (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Stamats, Mae (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother:
(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. King
Address Richwood, Ohio

M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That applicant's name is recorded as Martha Linn in Vol. 3, page 125 No. 153 of the records of birth of Union Co., O. Probate Court, Marysville, Ohio and should be corrected to Margaret Elgin Linn; that applicant's birth date is recorded as Oct. 25, 1901 and should be Nov. 25, 1901; that applicant's mother's maiden name is recorded as May Stamats and should be Mae Stamats.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of

Probate Court, **County, Ohio**

19

Case No.

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of *for an order of The Court directing the registration of* *birth.*

, having personally examined the applicant in open court, finds that the facts stated in the application are supported by ;

that notice of the hearing on said application has been *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County

(b) (City) (Village) (Township)

(c) Name of hospital or institution: (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

(c) (City) (Village) (Township)

(d) Street No.

3. Full name of child (Surname) (First) (Middle)

4. Date of birth (Month) (Day) (Year)

5. Sex

6. Twin or triplet If so—born 1st, 2d, or 3d

7. Number months of pregnancy

8. Mother married?

FATHER OF CHILD

9. Full name (Surname) (First) (Middle)

10. Color or race 11. Age at time of this birth yrs.

12. Birthplace (City, town, or county) (State or foreign country)

13. Usual occupation

14. Industry or business

MOTHER OF CHILD

15. Full maiden name (Surname) (First) (Middle)

16. Color or race 17. Age at time of this birth yrs.

18. Birthplace (City, town, or county) (State or foreign country)

19. Usual occupation

20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name
Address

M. D., midwife, or other Date signed

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Donal Earl Kinney

Case No. A-870

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 3509 Upton Ave. Toledo, Ohio *; and that the following are the available facts with relation to* His *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union
(b) Marysville (City) , (Village) Paris (Township)
(c) Name of hospital or institution: at home-Marysville,, Union County, Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 25 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio
(b) County Union
(c) Marysville (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Kinney (Surname) Donal (First) Earl (Middle)

4. Date of birth June 15, 1906 (Month) (Day) (Year)

5. Sex male

6. Twin or triplet single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos

8. Mother married? yes

FATHER OF CHILD

9. Full name Kinney, George E. (Surname, First, Middle)
10. Color or race white — 11. Age at time of this birth 25 yrs.
12. Birthplace Marysville, Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Operated a restaurant
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Brown, Clyde M. (Surname, First, Middle)
16. Color or race white — 17. Age at time of this birth 22 yrs.
18. Birthplace Marysville, Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Carl Hoopes
Address Marysville, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Applicant

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

(seal)

s/ Donal Earl Kinney *Applicant*

P. O. Address 3509 Upton Ave., Toledo, Ohio

Sworn to before me and signed in my presence this 2nd *day of* August, *19* 57.

Mary Sanders
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, George E. Kinney, 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.*

s/ George E. Kinney

(seal) *P. O. Address* 224 W 6th St., Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* August *19* 57.

Mary Sanders
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Clyde M. Kinney, 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.*

s/ Clyde M. Kinney

P. O. Address 224 W. 6th St., Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* August *19* 57.

Mary Sanders,
Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Donal Earl Kinney

August 2, *19* 57

Case No. A-870

ORDER FOR HEARING

This day Donal Earl Kinney, *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

(seal) s/ Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Donal Earl Kinney

Probate Court, Union **County, Ohio**

August 2nd *19*57

Case No. A-870

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Donal Earl Kinney ~~CORRECTION~~ REGISTRATION

for an order of The Court correcting his *birth record, as it is registered in the office of* the Probate Court

on consideration of the evidence submitted, finds that the facts stated in the application are supported by the testimony of George E. Kinney and Clyde M. Kinney, credible witnesses, and documentary evidence of Entry in family Bible exhibited to Court.;

that notice of the hearing on said application has been dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) Paris (Village) (Township)

(c) Name of hospital or institution: at home - Marysville, Union County, Ohio
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community 22yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) Paris (Village) (Township)

(d) Street No. .....

3. Full name of child Kinney (Surname) Donal (First) Earl (Middle)

4. Date of birth June 15, 1906 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Kinney, George E. (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Marysville, Union Co., Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Operated a Restaurant

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Brown, Clyde M. (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Marysville, Union Co., Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? none
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name Dr. Carl Hoopes
Address Marysville, Ohio
M. D., midwife, or other M.D.

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars said be registered;
and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(seal) s/ Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, **County, Ohio**

19.....

Case No......

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of .....

for an order of The Court directing the registration of .....*birth.*

....., *having personally examined the applicant in open court,*

finds that the facts stated in the application are supported by .....;

that notice of the hearing on said application has been .....*; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....
Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Probate Judge.

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Sylvia Locheen Liggett

Case No. A-871

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 412 Geneseo St., Storm Lake, Iowa *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ..... (City) Jerome Township (Village) (Township)

(c) Name of hospital or institution: at home- Jerome Twp., Union Co., Ohio
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community 8 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ..... (City) Jerome Township (Village) (Township)

(d) Street No. .....

3. Full name of child Liggett (Surname) Sylvia (First) Locheen (Middle)

4. Date of birth Aug. 2, 1891 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos.

8. Mother married? yes.

FATHER OF CHILD

9. Full name Liggett, Edward Gowdy (Surname) (First) (Middle)

10. Color or race shite — 11. Age at time of this birth 32 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Slack (Surname) Fannie (First) (Middle)

16. Color or race White — 17. Age at time of this birth 33 yrs.

18. Birthplace Chester County, (City, town, or county) Pennsylvania (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? None
(b) How many other children were born alive but were then dead? None
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name Dr. Howland
Address Plain City, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of 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.*

Sylvia Locheen Liggett 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.*

Sylvia Locheen Liggett Gunn *Applicant*

P. O. Address 412 Geneseo St., Storm Lake, Iowa

Sworn to before me and signed in my presence this 6th *day of* August *19* 57.

(Seal)

Mary Sanders
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

..... (Official Title)

The State of Ohio, Union **County, ss.**

I, Blanche McDowell Carson - no relation to applicant, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Blanche McDowell Carson

P. O. Address 413 W. 5th St., Marysville, Ohio

Sworn to before me and signed in my presence this 6th *day of* August *19* 57.

(Seal)

Mary Sanders
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Leo Wise Brown - no relation 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.*

Leo Wise Brown

P. O. Address 121 N. Oak St., Marysville, Ohio

Sworn to before me and signed in my presence this 6th *day of* August *19* 57.

Mary Sanders
Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of birth
of Sylvia Locheen Liggett

August 6th, 19 57

Case No. A-871

ORDER FOR HEARING

This day Sylvia Locheen Liggett *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

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JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, Union **County, Ohio**

August 6, 1957

Case No. .....

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of .....

for an order of The Court correcting .....*birth record, as it is registered in the office of* .....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by* .....

.....;

that notice of the hearing on said application has been .....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: .....

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community.....

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Sylvia Locheen Liggett

Probate Court, Union **County, Ohio**

August 6, 1957

Case No. A-871

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Sylvia Locheen Liggett

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 Leo Wise Brown and Blanche McDowell Carson, credible witnesses, and documentary evidence of Insurance Policy with the Travelers Ins. Co., Hartford, Connecticut, No. 765260, dated Nov. 23, 1921 exhibited to 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) Jerome Township (City) (Village) (Township)

(c) Name of hospital or institution: at home- Jerome Twp., Union Co., Ohio

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 8 years

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jerome Township (City) (Village) (Township)

(d) Street No.....

3. Full name of child Liggett Sylvia Locheen Surname First Middle

4. Date of birth Aug. 2, 1891 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Liggett, Edward Gowdy Surname First Middle

10. Color or race White 11. Age at time of this birth 32 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Slack, Fannie Surname First Middle

16. Color or race White 17. Age at time of this birth 33 yrs.

18. Birthplace Chester County, (City, town, or county) Pennsylvania (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

22. Attending Physician or Midwife:

Name Dr. Howland

Address Plain City, Ohio

M. D., midwife, or other M. D. Date signed.....

21. Children born to this mother:

(a) How many other children of this mother are now living? None

(b) How many other children were born alive but are now dead? None

(c) How many children were born dead? None

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett .....*Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Willella Shearer

Case No. A-834

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* W. Fifth St., Marysville; *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Marysville (City) (Village) (Township)
(c) Name of hospital or institution: at home-Marysville, Ohio
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 21 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Shearer (Surname) Willella (First) ..... (Middle)
4. Date of birth 12-13-1887 (Month) (Day) (Year)
5. Sex Female
6. Twin or triplet Single
If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD
9. Full name Shearer, (Surname) William (First) O. (Middle)
10. Color or race White 11. Age at time of this birth 33 yrs.
12. Birthplace Perry County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Printer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Baldwin (Surname) Ella (First) ..... (Middle)
16. Color or race White 17. Age at time of this birth 28 yrs.
18. Birthplace Clark County, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? None
(b) How many other children were born alive but were then dead? None
(c) How many children were born dead? None

22. Attending Physician or Midwife:
Name Dr. Henry Rodebaugh
Address Marysville, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration of her birth, *as provided by law.*

Willella Shearer Kennedy *Applicant*

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.*

Willella Shearer Kennedy *Applicant*
P. O. Address W. Fifth St., Marysville, Ohio

Sworn to before me and signed in my presence this 14th *day of* April *19* 56.

Mary Sanders
Deputy Clerk
(Official Title)

(Seal)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Lucia D. Shearer, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lucia D. Shearer
P. O. Address 718 W. 7th St., Marysville, Ohio

Sworn to before me and signed in my presence this 5th *day of* July *19* 56.

Luther L. Liggett
Probate Judge
(Official Title)

The State of Ohio, Union **County, ss.**

I, Maude A. Turner, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Maude A. Turner
P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 23rd *day of* March *19* 57.

Elsie Janis Cole
Deputy Clerk
(Official Title)

(Seal)

Probate Court, Union **County, Ohio**

August 8 *19* 57

In the Matter of the Registration of Birth
of Willella Shearer

Case No. A-834

ORDER FOR HEARING

This day Willella Shearer *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Willella Shearer

Probate Court, Union **County, Ohio**

August 8, 1957

Case No. A-834

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Willella Shearer *for an order of The Court correcting* ..... *birth record, as it is registered in the office of* ..... *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... ; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: .....
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

..... *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Willella Shearer

Probate Court, Union **County, Ohio**

August 8, 1957

Case No. A-834

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Willella Shearer *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, Lucia D. Shearer, Marysville, Ohio and Maude A. Turner, Marysville, Ohio, and documentary evidence of family record prepared by Laura Neer exhibited to 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 (City) (Village) (Township)

(c) Name of hospital or institution:
at home-Marysville, Ohio
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community 21 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Shearer (Surname) Willella (First) (Middle)

4. Date of birth 12-13-1887 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet Single If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Shearer, (Surname) William (First) O. (Middle)

10. Color or race White 11. Age at time of this birth 33 yrs.

12. Birthplace Perry County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Printer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Baldwin, (Surname) Ella (First) (Middle)

16. Color or race White 17. Age at time of this birth 28 yrs.

18. Birthplace Clark County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

22. Attending Physician or Midwife:
Name Dr. Henry Rodebaugh
Address Marysville, Ohio
.....
M. D., midwife, or other M. D. Date signed .....

21. Children born to this mother:
(a) How many other children of this mother are now living? None
(b) How many other children were born alive but are now dead? None
(c) How many children were born dead? None

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

(Seal)

Mary Sanders
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Mary Amanda Boyd

Case No. A-874

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 14295 Ohio Ave. Detroit 38 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) Broadway (City) (Village) (Township)
(c) Name of hospital or institution:
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) (City) (Village) (Township)
(d) Street No.

3. Full name of child Boyd, (Surname) Mary (First) Amanda (Middle)

4. Date of birth Jan. 19, 1900 (Month) (Day) (Year)

5. Sex F

6. Twin or triplet No If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Boyd, (Surname) James (First) Lambert (Middle)
10. Color or race W 11. Age at time of this birth 45 yrs.
12. Birthplace Coshocton (City, town, or county) Ohio (State or foreign country)
13. Usual occupation farmer
14. Industry or business

MOTHER OF CHILD

15. Full maiden name (Surname) (First) (Middle)
16. Color or race 17. Age at time of this birth yrs.
18. Birthplace (City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 3
(b) How many other children were born alive but were then dead? 1
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name
Address Dr. Taylor
M. D., midwife, or other

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has been omitted

Your applicant hereby makes application for an order of the Court, directing Registration of her birth *, as provided by law.*

s/ Mary Boyd Conklin *Applicant*

The State of Ohio, Coshocton **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as verily believes.

s/ Mary Boyd Conklin *Applicant*

P. O. Address 14295 Ohio Ave., Detroit, Michigan

Sworn to before me and signed in my presence this 30 *day of* August *19* 57.

(seal)

s/ C. M. Ross, Judge
(Official Title)

AFFIDAVIT

In the Matter of
of

Probate Court, **County, Ohio**

The State of Ohio, **County, ss.**

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19*

(Official Title)

The State of Ohio, Coshocton **County, ss.**

I, Eliz. Grace Boyd Gerrard, 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.*

s/ Elizabeth Gerrard

P. O. Address Coshocton, Ohio

Sworn to before me and signed in my presence this 30th *day of* August *19* 57.

(seal)

C. M. Ross, Probate Judge
(Official Title)

The State of Ohio, Coshocton **County, ss.**

I, Mary Elizabeth 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.*

s/ Mary Elizabeth Boyd

P. O. Address Coshocton, Ohio

Sworn to before me and signed in my presence this 30 *day of* August *19* 57.

(seal)

C. M. Ross, Probate Judge
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the the registration of
of Mary Amanda Boyd

3 September, 19 57

Case No. A-874

ORDER FOR HEARING

This day this cause came on to be heard on the *appeared in open court and filed an application for the* registration of birth of Mary Amanda Boyd

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed

It is further ordered by The Court that C. M. Ross, Probate Judge, Coshocton County *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page (seal) Luther L. Liggett *Probate Judge.*

Application for Registration of Birth
Case No. A-874

COMMISSION TO TAKE DEPOSITION
Probate Court, Coshocton, County, Ohio
In the Matter of Registration of Birth of Mary Amanda Boyd (Conklin)
To C. M. Ross, 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 Mary Amanda Boyd, applicant, who resides at Detroit, Michigan and who is unable to appear in said Court in the matter of the registration of her birth of Mary Amands Boyd, now a resident of City of Detroit, Michigan, who has filed an application for the Reigistration 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 Mary Amanda Boyd to be brought before you and then and there examine her, on oath, or affirmation, first taken before you, touching the Registration of the said Birth and that you return your testimony together with this commission, closed up under your seal, unto our said Court, with all conventient speed.
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Court at Marysville, Ohio, this 30 day of Aug., 1957. s/ Luther L. Liggett, Judge and ex-officio Clerk of the Probate Court. (seal)

DEPOSITION OF Mary Amanda Boyd
In the Matter of Registraion of Birth of Mary Amanda Boyd (Conklin)
I, C. M. Ross, 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 Mary Amanda Boyd, applicant in the matter of the Registration of her Birth, now a resident of Detroit, Michigan, do hereby certify that in pursuance of said commission, I caused the said Mary Amanda Boyd to come personally before me at Coshocton, Ohio, who, being duly sworn according to law to speak the truth, the whole truth, was born in Union County, Ohio; that she now a resident and that the following are the available facts with relation to her birth, as of date of delivery:

Place of Birth:
Union County, Broadway
Name of hospital or institution: none
Usual Residence of Mother: State of Ohio, Union County
Full name of child, Boyd, Mary Amanda
Date of Birth: 1-19-1906; Sex: F. ; Twin or Triplet, no; Number months of Pregnancy,9
Mother Married? Yes.
Father of Child
Full name: Boyd, James Lamber, white; age at time of this birth, 45years;
Birthplace, Coshocton, Ohio; Usual occupation, farmer

Mother of Child
Full maiden name: Duncan, Mary Elizabeth, white. Age at time of this birth: 30 years.
Usual occupation, Housewife.
Attending physician, Dr. Taylor.

and further swears that the registration of her birth has been ommitted, and she requests delayed registration, s/ Mary Boyd Conklin

CERTIFICATE
I herby certify that the foregoing was reduced to writing by me, in the presence of Mary Amanda Boyd Conklin, the applicant herein, and was subscribed by her in my presence, on this 30th day of August, 1957.
In TESTIMONY WHEREOF, I have hereunto set my hand, at Coshocton, Ohio, this 30 day of Aug., 1957. s/ C. M. Ross, Commissioner

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JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Mary Amanda Boyd

Probate Court, Union **County, Ohio**

3 September *19* 57

Case No. A-874

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Mary Amanda Boyd *for an order of The Court correcting* her *birth record, as it is registered in the office of* ..... *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... ; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution: .....
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)
4. Date of birth ..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy .....
8. Mother married? .....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race ..... 11. Age at time of this birth ..... yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name ..... (Surname) (First) (Middle)
16. Color or race ..... 17. Age at time of this birth ..... yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business .....
22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....
Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

..... *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Mary Amanda Boyd

Probate Court, Union **County, Ohio**

3 September *19* 57

Case No. A-874

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Mary Amanda Boyd *for an order of The Court directing the registration of* her *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 two credibe witnesses, Eliz. Grace Boyd Gerrard and Mary Elizabeth Boyd and documentary evidence of School record; ..... ; *that notice of the hearing on said application has been* dispensed with ..... ; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Broadway (City) (Village) (Township)
(c) Name of hospital or institution: .....
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Boyd, (Surname) Mary (First) Amanda (Middle)
4. Date of birth Jan. 19, 1900 (Month) (Day) (Year)
5. Sex F
6. Twin or triplet no If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy 9
8. Mother married? yes

FATHER OF CHILD
9. Full name Boyd (Surname) James (First) Lambert (Middle)
10. Color or race W 11. Age at time of this birth 45 yrs.
12. Birthplace Coshocton, Ohio (City, town, or county) ..... (State or foreign country)
13. Usual occupation farmer
14. Industry or business .....

MOTHER OF CHILD
15. Full maiden name Duncan, (Surname) Mary Elizabeth (First) (Middle)
16. Color or race W 17. Age at time of this birth 30 yrs.
18. Birthplace Coshocton, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....
22. Attending Physician or Midwife:
Name Dr. Taylor
Address .....
.....
M. D., midwife, or other M.D Date signed .....

21. Children born to this mother:
(a) How many other children of this mother are now living? 3
(b) How many other children were born alive but are now dead? 1
(c) How many children were born dead? 0
Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(seal) Luther L. Liggett ..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth

of Walter Clinton Jaggers

Case No. A-875

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* 462 Scranton Ave. Marion, O *; and that the following are the available facts with relation to* *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville
(City) (Village) (Township)

(c) Name of hospital or institution: at home- Marysville, Union Co., Ohio
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community 25
(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 Jaggers (Surname) Walter (First) Clinton (Middle)

4. Date of birth Sept. 12 1907 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single

If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Jaggers (Surname) Charles (First) Curl (Middle)

10. Color or race white 11. Age at time of this birth 39 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Teamster

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Mattox, (Surname) Minta (First) Mae (Middle)

16. Color or race white 17. Age at time of this birth 25 yrs.

18. Birthplace Marysville, Union, Co., Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 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. P. D. Longbrake
Address Marysville, Ohio
M. D., midwife, or other M.D

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

s/ Walter Clinton 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.*

s/ Walter Clinton Jaggers *Applicant*

P. O. Address 462 Scrabtib Ave., Marion, Ohio

Sworn to before me and signed in my presence this 19th *day of* September *19*57.

(seal)

Mary Sanders, Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, Emma Andrews, 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.*

s/ Emma Andrews

P. O. Address 509 Park St., Marion, Ohio

Sworn to before me and signed in my presence this 19th *day of* September *19*57.

(seal) Mary Sanders, Deputy Clerk

(Official Title)

The State of Ohio, Union **County, ss.**

I, Verna McDowell, 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.*

s/ Verna McDowell

P. O. Address R #3, Marysville, Ohio

Sworn to before me and signed in my presence this 19th *day of* September *19*57.

(seal) Mary Sanders, Deputy Clerk

(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth

of Walter Clinton Jaggers

September 19 *19*57

Case No. A-875

ORDER FOR HEARING

This day Walter Clinton 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 th t notice of said hearing be dispensed

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ..... (seal) Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Walter Clinton Jaggers

Probate Court, Union **County, Ohio**

September 19 *19* 57

Case No. A-875

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Walter Clinton Jaggers
for an order of The Court directing the registration of his *birth.*
The Court *having personally examined the applicant in open court, the testimony of* two credible witnesses, Emma Andrews and Verna McDowell, and documentary evidence of Insurance Policy with Western Southern Life Insurance Company, Cincinnati, Ohio, Policay No.11,816,726 dated October 4, 1937
finds that the facts stated in the application are supported by
that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Marysville
(City) (Village) (Township)
(c) Name of hospital or institution:
at home - Marysville, Union Co., O
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 25
(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 Jaggers Walter Clinton
Surname First Middle

4. Date of birth Sept. 12, 1907
(Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Jaggers, Charles Curl
Surname First Middle
10. Color or race white 11. Age at time of this birth 39 yrs.
12. Birthplace Union County, Ohio
(City, town, or county) (State or foreign country)
13. Usual occupation teamster
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Mattox, Minta Mae
Surname First Middle
16. Color or race white 17. Age at time of this birth 25 yrs.
18. Birthplace Marysville, Union Co., Ohio
(City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living? 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. P. D. Longbrake
Address Marysville, Ohio
.....
M. D., midwife, or other M.D. Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

(seal) Luther L. Liggett .....*Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the the correction of birth record
of Blanche Taylor

Case No. A-876

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Jackson Twp. Union County; *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Jackson 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 .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jackson Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Taylor (Surname) Blanche (First) Alona (Middle)

4. Date of birth July 16 1889 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet ..... If so—born 1st, 2d, or 3d single

7. Number months of pregnancy 9months

8. Mother married? yes

FATHER OF CHILD

9. Full name Taylor (Surname) Edward (First) James (Middle)

10. Color or race white 11. Age at time of this birth 44 yrs.

12. Birthplace ..... (City, town, or county) Pennsylvania (State or foreign country)

13. Usual occupation Farmer

14. Industry or business "

MOTHER OF CHILD

15. Full maiden name Hamilton (Surname) Luetta (First) Carline (Middle)

16. Color or race white 17. Age at time of this birth 40 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 5
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. King
Address Richwood, Ohio
.....
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Volume 3, Page 193 of the Birth records of Union County, Ohio
Your applicant hereby makes application for an order of the Court, directing that the name of the mother reads Lilian Games and should be corrected to Lueta Carline Hamilton *as provided by law.*

Applicant / Blanche Alona Taylor White

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 Alona Taylor White *Applicant*

P. O. Address R. R. # 1 Richwood, Ohio

Sworn to before me and signed in my presence this 28th *day of* September *19*57.

Constance L. Freeman
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

(Official Title)

The State of Ohio, Union **County, ss.**

I, William Howard Taylor brother 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.*

William Howard Taylor

P. O. Address Richwood Ohio

Sworn to before me and signed in my presence this 29 *day of* September *19*57.

Luther L. Liggett
by Constance L. Freeman
(Official Title)

The State of Ohio, Union **County, ss.**

I, Robert Clayton Taylor brother 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.*

Robert Clayton Taylor

P. O. Address 311 Superior Street Marion, Ohio

Sworn to before me and signed in my presence this 28 *day of* September *19*57.

Luther L. Liggett
by Constance L. Freeman
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Blanche Taylor

September 28 *19*57

Case No. A-876

ORDER FOR HEARING

This day Blanche Taylor *appeared in open court and filed an application for the* correction of birth record

It is ordered that hearing on said application be had forthwith and notice thereof be despensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Blanche Taylor

Probate Court, Union County, Ohio

September 28 19 57

Case No. A-876

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Blanche Taylor *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court of Union County the/ court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the application of two persons having knowledge of the facts ; *that notice of the hearing on said application has been* dispensed with ; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Jackson 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 ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jackson Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child B Taylor (Surname) Blanche (First) Alona (Middle)

4. Date of birth July 16, 1889 (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name Taylor (Surname) Edward (First) James (Middle)

10. Color or race White 11. Age at time of this birth 42 yrs.

12. Birthplace ? (City, town, or county) Pennsylvania (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farmer

MOTHER OF CHILD

15. Full maiden name Hamilton (Surname) Luetta (First) Carline (Middle)

16. Color or race white 17. Age at time of this birth 40 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? 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. King

Address Richwood, Ohio

M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: that the name of the mother of applicant reads Lillian Games and should be corrected to Luetta Carline Hamilton. Original birth recorded in Record of Births Vol.3, Page 193, Probate Court of Union County, Ohio.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

(Seal) Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... County, Ohio

..... 19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.* ....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? .....

(b) How many other children were born alive but are now dead? .....

(c) How many children were born dead? .....

22. Attending Physician or Midwife:

Name .....

Address .....

M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Correction of Birth Record *of* Gladys Theresa Parr

Case No. A-872

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Marysville, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) Paris (Township) (Village)

(c) Name of hospital or institution: Home--West Fourth Street
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Paff (Surname) Gladys (First) Theresa (Middle)

4. Date of birth 6-26-10 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet Single If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Parr (Surname) James (First) Lee (Middle)

10. Color or race White 11. Age at time of this birth 21 yrs.

12. Birthplace ..... (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Painter

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Grauman (Surname) Lillian (First) (Middle)

16. Color or race White 17. Age at time of this birth 19 yrs.

18. Birthplace ..... (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother 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. P. D. Longbrake
Address Marysville, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* was report as July 11, 1919 in error or original birth record and should be corrected to June 26, 1910
Your applicant hereby makes application for an order of the Court, directing the correction of her birth *as provided by law.*

Gladys Theresa Parr McBride *Applicant*

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 Theresa Parr McBride *Applicant*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* August *19* 57.

Mary Sanders
Deputy-Clerk
(Official Title)

AFFIDAVIT

In the Matter of correctionof Birth Record *of* Gladys Theresa Parr

Probate Court, Union **County, Ohio**

The State of Ohio, Union **County, ss.**

I, Dr. P. D. Longbrake M. D. *, do hereby certify that I was the physician in attendance at the birth of* Gladys Theresa Parr *, the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Dr. P. D. Longbrake M. D. *Attending Physician*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 23 *day of* August *19* 57.

Mary Sanders
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Mrs. Iva Brown 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.*

Mrs. Iva Brown

P. O. Address 816 Collins Avenue Marysville, Ohio

Sworn to before me and signed in my presence this 2nd *day of* August *19* 57.

Mary Sanders
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, ..., do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.

P. O. Address .....

Sworn to before me and signed in my presence this ..... day of ..... 19.....

.....
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record *of* Gladys Theresa Parr

October 5, 1957 *19* 57

Case No. a-872

ORDER FOR HEARING

This day Gladys Theresa Parr *appeared in open court and filed an application for the* correction of her birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ..... be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

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JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Gladys Theresa Parr

Probate Court, Union County, Ohio

October 5 19 57

Case No. A-872

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Gladys Theresa Parr

for an order of The Court correcting her *birth record, as it is registered in the office of* Department of Vital Statistics State Dept. of Health Columbus Reg. Dist No 577 Prim Reg Dist No 2611 File no 57561 Reg no 88

the court on consideration of the evidence submitted, finds that the facts stated in the application are supported by the testimony of P. D. Longbrake, M. D. and Mrs. Iva Brown, credible witnesses and documentary evidence of Adoption record dated Oct. 23, 1919 and Insurance Policy No. 14881709 with Metropolitan Life Insurance Company dated Feb. 1, 1944,

that notice of the hearing on said application has been dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville, (City) Paris (Village) (Township)

(c) Name of hospital or institution:

Home West Fourth Street

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community .....

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) Paris (Village) (Township)

(d) Street No. West Fourth

3. Full name of child Parr (Surname) Gladys (First) Theresa (Middle)

4. Date of birth 6-26-10 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Parr (Surname) James (First) Lee (Middle)

10. Color or race White 11. Age at time of this birth 21 yrs.

12. Birthplace ..... (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Painter

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Grauman (Surname) Lillian (First) (Middle)

16. Color or race White 17. Age at time of this birth 19 yrs.

18. Birthplace ..... (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? .....

(b) 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. P. D. Longbrake

Address Marysville, Ohio

M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That the registrationof her birth has not been properly and accurately recorded in the Department of Vital Statistics State Department of Health, Columbus, Ohio. Reg. Distr. No 577, Primary reg. Distr. No. 2611 File No 57561, Reg No. 88 that the date of birth should be corrected to June 26, 1910 instead of July 11,1910

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, Union County, Ohio

October 5, 19 57

Case No. A- 872

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of .....

for an order of The Court directing the registration of ..... *birth.*

....., *having personally examined the applicant in open court,*

finds that the facts stated in the application are supported by .....;

that notice of the hearing on said application has been .....; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

.....

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community .....

(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? .....

(b) How many other children were born alive but are now dead? .....

(c) How many children were born dead? .....

22. Attending Physician or Midwife:

Name .....

Address .....

M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth of
of Donald Damon Seitz

Case No. A-877

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) Township of Allen
(City) (Village) (Township)

(c) Name of hospital or institution:
Residence R. # 1 Milford Center, Ohio
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution none In this community 7 years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State

(b) County

(c)
(City) (Village) (Township)

(d) Street No.

3. Full name of child Seitz (Surname) Donald (First) Damon (Middle)

4. Date of birth 5-22-43 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9 months

8. Mother married? yes

FATHER OF CHILD

9. Full name Seitz (Surname) Irvine (First) Maurice (Middle)

10. Color or race White 11. Age at time of this birth 45 yrs.

12. Birthplace Louisville (City, town, or county) Kentucky (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Kauble (Surname) Mary (First) Gertrude (Middle)

16. Color or race White 17. Age at time of this birth 42 yrs.

18. Birthplace Hancock County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 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. J. D. Boylan
Address Milford Center, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded.

Your applicant hereby makes application for an order of the Court, directing the registration of birth *as provided by law.*

Mary G. Seitz *Applicant*

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 G. Seitz *Applicant*

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 27th *day of* September *19* 57.

Mary Scheiderer
Notary Public
(Official Title)

AFFIDAVIT

In the Matter of
of

Probate Court, County, Ohio

The State of Ohio, County, ss.

I, , *do hereby certify that I was the physician in attendance at the birth of* , *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address

Sworn to before me and signed in my presence this *day of* *19* .

(Official Title)

The State of Ohio, Union **County, ss.**

I, Bertha Bennett 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 Bennett

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 15th *day of* October *19* 57.

Marys Sanders
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Mary G. Seitz 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 G. Seitz

P. O. Address Milford Center, Ohio

Sworn to before me and signed in my presence this 15th *day of* October *19* 57.

Mary Sanders
Deputy Clerk
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Donald Damon Seitz

October 15 *19* 57

Case No. A-877

ORDER FOR HEARING

This day Mary G. Seitz *appeared in open court and filed an application for the* registration of birth record of Donald Damon Seitz

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...County, Ohio

.....*19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Donald Damon Seitz

Probate Court, Union County, Ohio

October 15 *19* 57

Case No. A-877

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Donald Damon Seitz

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* the testimony of Bertha Bennett and Mary G. Seitz credible witnesses and documentary evidence of school record signed by H. R. Fisher, Supt of Union County Schools, exhibited to 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) Township of Allen (City) (Village) (Township)

(c) Name of hospital or institution:

Residence, R. # 1 Milford Center, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State of Ohio

(b) County Union

(c) Township of Allen (City) (Village) (Township)

(d) Street No. R. R. Milford Center, Ohio

3. Full name of child Seitz (Surname) Donald (First) Damon (Middle)

4. Date of birth 5-22-43 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9months

8. Mother married? yes

FATHER OF CHILD

9. Full name Seitz (Surname) Irvine (First) Maurice (Middle)

10. Color or race White 11. Age at time of this birth 45 yrs.

12. Birthplace Louisville (City, town, or county) Kentucky (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Kauble (Surname) Mary (First) Gertrude (Middle)

16. Color or race White 17. Age at time of this birth 42 yrs.

18. Birthplace Hancock County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

22. Attending Physician or Midwife:

Name Dr. J. D. Boylan

Address Milford Center, Ohio

.....

M. D., midwife, or other M.D. Date signed.....

21. Children born to this mother:

(a) How many other children of this mother are now living? 1

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of Clair Bowen Thompson

Case No. A-878

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Marysville *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Millcreek Township
(City) (Village) (Township)

(c) Name of hospital or institution: Home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community 35 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Millcreek Township
(City) (Village) (Township)

(d) Street No. .....

3. Full name of child Thompson (Surname) Clair (First) Bowen (Middle)

4. Date of birth 4-25-1893 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name /Thompson (Surname) Lewie (First) N. (Middle)

10. Color or race white 11. Age at time of this birth 31 yrs.

12. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business farming

MOTHER OF CHILD

15. Full maiden name Bowen (Surname) Emma (First) (Middle)

16. Color or race white 17. Age at time of this birth 35 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 4
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Thomas Pl Shields
Address Millcreek Township
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth be corrected. That his birth was recorded in* Vol. 3 p. 194 No 272 of Union County Birth records incorrectly, in that said name is Thompson -fathers name recorded as Thompson and the correct name being Clair Bowen Thompson-fathers name Lewis W. on record and should be Lewis N. Thompson

Your applicant hereby makes application for an order of the Court, directing correction of his birth rec as provided by law.

Clair Bowen 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.*

Clair Bowen Thompson *Applicant*

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 17th *day of* Odtober *19* 57.

John W. Dailey
Notary Public
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, George Taylor, being a first cousin by marriage 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.*

George Taylor

P. O. Address R. F. D. # 2 Marysville, Ohio

Sworn to before me and signed in my presence this 17th *day of* October *19* 57.

Mary Sanders
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Avis Taylor, being first cousin by blood to applicatn, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Avis Taylor

P. O. Address R. D. 2 Marysville, Ohio

Sworn to before me and signed in my presence this 17th *day of* October *19* 57

Mary Sanders
Deputy Clerk
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Correction of birth Record
of Clair Bowen Thompson

October 17th *19* 57

Case No. A-878

ORDER FOR HEARING

This day Clair Bowen Thompson *appeared in open court and filed an application for the* correction of birth record

It is ordered that hearing on said application a hearing be had forthwith and that notice thereof be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Clair Bowen Thompson

Probate Court, Union County, Ohio

October 17 1957

Case No. A-878

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Clair Bowen Thompson *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court of Union County Ohio *and the Court on consideration of the evidence submitted, finds that the facts stated in the application are supported by* clear and convincing documentary evidence of original entry in family bible, and the oral testimoby of George Taylor and Avis Taylor, persons having personal knowledge of all the facts ; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Millcreek Township (City) (Village) (Township)

(c) Name of hospital or institution: Home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 35 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Millcreek Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Thompson (Surname) Clair (First) Bowen (Middle)

4. Date of birth 4-25-1893 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos

8. Mother married? yes

FATHER OF CHILD

9. Full name Thompson (Surname) Lewis (First) N. (Middle)

10. Color or race White 11. Age at time of this birth 31 yrs.

12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Bowen Emma (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 31 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? 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 Thomas P. Shields

Address Millcreek Township, Union Co. Ohio

M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

That said birth record be corrected in Vol 3 P. 194 No. 272, Union County Probate Court record of Births, as follows: Name as recorded "Thompson" be Clair Bowen Thompson, male and fathers name be changed from Lewis W. Thompson to Lewis N. Thompson

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... County, Ohio

..... 19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.* ....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other ..... Date signed .....

21. Children born to this mother:

(a) How many other children of this mother are now living? .....

(b) How many other children were born alive but are now dead? .....

(c) How many children were born dead? .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth Record
of Meda Launa Curry

Case No. A-879

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Richwood, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood, Ohio
(City) (Village) (Township)

(c) Name of hospital or institution: Home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community Life
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Richwood, Ohio

(b) County Union

(c) Richwood, Ohio
(City) (Village) (Township)

(d) Street No. .....

3. Full name of child Curry (Surname) Meda (First) Launa (Middle)

4. Date of birth 12-16-1890 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet Single If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Curry (Surname) William (First) H (Middle)

10. Color or race White 11. Age at time of this birth 23 yrs.

12. Birthplace Thompson Township (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 Bonner (Surname) Nettie (First) M (Middle)

16. Color or race White 17. Age at time of this birth 20 yrs.

18. Birthplace Indiana Whitley Co. (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 6
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. W. B. Duke
Address Richwood, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of birth *, as provided by law.*

Meda Launa Curry Decker *Applicant*

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.*

Meda Launa Curry Decker *Applicant*

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 19th *day of* October *19*57.

Mary Sanders
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ... *, do hereby certify that I was the physician in attendance at the birth of* ..... *, the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, Lee Wilkins (4) no relation of applicant *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lee Wilkins

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 19th *day of* October *19*57.

Mary Sanders
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, .Earl Chiesa (4) no relation 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 Chiesa

P. O. Address Marsyville, Ohio

Sworn to before me and signed in my presence this 19th *day of* October *19*57.

Mary Sanders
Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Meda Launa Curry

October 19th *19*57

Case No. A-879

ORDER FOR HEARING

This day Meda Launa Curry *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

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Meda Launa Curry

Probate Court, Union **County, Ohio**

October 19th *19* 57

Case No. A-879

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of the Court Meda Launa Curry

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* Testimony of Lee Wilkins and Earl Chiesa and documentary evidence of entry in family Bible exhibited in the Court.;

that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Richwood (City) Ohio (Village) (Township)

(c) Name of hospital or institution:

Home (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community Life (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Richwood, (City) Ohio (Village) (Township)

(d) Street No.....

3. Full name of child Curry (Surname) Meda (First) Launa (Middle)

4. Date of birth 12-16-1890 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet Single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Curry (Surname) William (First) H (Middle)

10. Color or race white 11. Age at time of this birth 23 yrs.

12. Birthplace Thompson Township, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farming

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

MOTHER OF CHILD

15. Full maiden name Bonner (Surname) Nettie (First) M (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Whitley Co. Indiana (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

22. Attending Physician or Midwife:

Name Dr. W. B. Duke

Address Richwood, Ohio

.....

M. D., midwife, or other M. D. Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

Mary Sanders

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Brith Record

of Marjorie Jane Curry

Case No. A-880

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* 1011 Lake Ave., Fort Wayne, Ind. *; 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 (City) (Village) (Township)

(c) Name of hospital or institution: Co. Ohio at home-Claibourne Township, Union/ (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 10 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child: Curry (Surname) Marjorie (First) Jane (Middle)

4. Date of birth: Nov. 1, 1895 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: single

If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name: Curry (Surname) William (First) Henry (Middle)

10. Color or race: white

11. Age at time of this birth: 26 yrs.

12. Birthplace: Delaware County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation: Farmer

14. Industry or business: Farming

MOTHER OF CHILD

15. Full maiden name: Bonner, (Surname) Nettie (First) Mahalia (Middle)

16. Color or race: white

17. Age at time of this birth: 24 yrs.

18. Birthplace: Whitley County, Indiana (City, town, or county) (State or foreign country)

19. Usual occupation: Housewife

20. Industry or business: .....

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? two

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name Dr. Drake

Address Magnetic Springs, 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 birth *, as provided by law.*

Marjorie Jane Curry Burt *Applicant*

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.*

Marjorie Jane Curry Buty *Applicant*

P. O. Address 1011 Lake Ave., Fort Wayne, Indiana

Sworn to before me and signed in my presence this 19th *day of* October *19* 57.

Mary Sanders
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....

of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Lee Wilkins, no relation of applicant *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Lee Wilkins

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 19th *day of* October *19* 57.

Mary Sanders
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Earl Chiesa, no relation 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 Chiesa

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 19th *day of* October *19* 57.

Mary Sanders
Deputy Clerk
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth

of Marjorie Jane Curry

October 19 *19* 57

Case No. A-880

ORDER FOR HEARING

This day Marjorie Jane Curry *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...County, Ohio

.....19.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d. or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Marjorie Jane Curry

Probate Court, Union County, Ohio

October 19th 19 57

Case No. A-880

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Marjorie Jane Curry

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 Lee Wilkins and Earl Chiesa and documentary evidence of Entry in family Bible exhibited to 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) Claibourne Township (City) (Village) (Township)

(c) Name of hospital or institution:

at home-Claibourne Township, Union/ Co. 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 10 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne Township (City) (Village) (Township)

(d) Street No.....

3. Full name of child Curry (Surname) Marjorie (First) Jane (Middle)

4. Date of birth Nov 1, 1895 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d. or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Curry (Surname) William (First) Henry (Middle)

10. Color or race white 11. Age at time of this birth 26 yrs.

12. Birthplace Delaware County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Bonner (Surname) Nettie (First) Mahalia (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Whitley County, Indiana (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

22. Attending Physician or Midwife:

Name Dr. Drake

Address Magnetic Springs, Ohio

.....

M. D., midwife, or other M. D. Date signed.....

21. Children born to this mother:

(a) How many other children of this mother are now living? two

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

Mary Sanders

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Correction of birth record
of Gertrude G. Hickok

Case No. A-881

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Route #3, Richwood, Ohio; *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Leesburg Township (City) (Village) (Township)
(c) Name of hospital or institution: at home-Leesburg Twp. Union Co., Ohio (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 45 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Hickok (Surname) Gertrude (First) G. (Middle)

4. Date of birth March 30, 1906 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Hickok, (Surname) William (First) (Middle)
10. Color or race white 11. Age at time of this birth 55 yrs.
12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Shreyer, (Surname) Della (First) M. (Middle)
16. Color or race white 17. Age at time of this birth 45 yrs.
18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 12
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Bonner
Address Pharisburg, Union Co. Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Vol 3, P 96, No 169 of * *Your applicant hereby makes application for an order of the Court, directing* the correction of her birth record *as provided by law.*

Gertrude G. Hickok Perkins *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

Gertrude G. Hickok Perkins *Applicant*

P. O. Address Route #3, Richwood, Ohio

Sworn to before me and signed in my presence this 22nd *day of* October *19* 57.

Mary Sanders

Deputy Clerk (Official Title)

*Birth in Union County Probate Court, Union Co. Ohio. That date of birth is recorded as May 29, 1906 and should be corrected to March 30, 1906; that name is recorded as Hickok (Baby) and should be Gertrude G. Hickok, t at name of mother is recorded as Delia Shreyer and should be Della M. Shreyer.

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ...**County, Ohio**

The State of Ohio, ...**County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....

..... (Official Title)

The State of Ohio, Union **County, ss.**

I, Ora Patch , 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.*

Ora Patch

P. O. Address South Franklin St., Richwood, Ohio

Sworn to before me and signed in my presence this 22nd *day of* October *19* 57.

Mary Sanders

Deputy Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, Sarah Warner *, do hereby certify that 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 Warner

P. O. Address Route #3, Richwood, Ohio

Sworn to before me and signed in my presence this 22nd *day of* October *19* 57.

Mary Sanders

Deputy Clerk (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Gertrude G. Hickok

October 22, 1 *19* 57

Case No. A-881

ORDER FOR HEARING

This day Gertrude G. Hickok *appeared in open court and filed an application for the* correction of her birth record

It is ordered that hearing on said application be had forthwith and notice thereof be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Gertrude G. Hickok

Probate Court, Union **County, Ohio**

October 22, 1957

Case No. A-881

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Gertrude G. Hickok *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court of Union County *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of Ora Patch and Sarah Warner, two credibel witnesses, and documentary evidence of; family record exhibited to Court *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Leesburg Township (City) (Village) (Township)

(c) Name of hospital or institution: at home-Leesburg Twp. Union County, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 45 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Leesburg Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Hickok (Surname) Gertrude (First) G. (Middle)

4. Date of birth March 30, 1906 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos

8. Mother married? yes

FATHER OF CHILD

9. Full name Hickok, (Surname) William (First) (Middle)

10. Color or race white 11. Age at time of this birth 55 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Farming

MOTHER OF CHILD

15. Full maiden name Shreyer (Surname) Della (First) M (Middle)

16. Color or race white 17. Age at time of this birth 45 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? 12

(b) How many other 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, Union Co, Ohio

M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That the registration of her birth has not been properly and accurately recorded in records of birth Union Co. Probate Court, Volume 3, Page 96, No. 169 in that date of birth is recorded as May 29, 1906 and should be March 30, 1906; that name is Hickok (Baby) and should be Gertrude G. Hickok; that name of mother is Delia Shreyer and should be Della M. Shreyer

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.*

..... *, having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? .....

(b) How many other children were born alive but are now dead? .....

(c) How many children were born dead? .....

22. Attending Physician or Midwife:

Name .....

Address .....

M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Correction of Birth Record
of Gerte Blanche Wood

Case No. A-882

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Prospect, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Leesburg Township
(City) (Village) (Township)

(c) Name of hospital or institution:
at home-Leesburg Twp.
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community 20 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Leesburg Twp. Ohio
(City) (Village) (Township)

(d) Street No. .....

3. Full name of child Wood (Surname) Gerte (First) Blanche (Middle)

4. Date of birth Oct 26, 1894 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos

8. Mother married? yes

FATHER OF CHILD

9. Full name Wood (Surname) Talmadge (First) L (Middle)

10. Color or race white — 11. Age at time of this birth 20 yrs.

12. Birthplace Union Co, Leesburg Twp. Ohio
(City, town, or county) (State or foreign country)

13. Usual occupation Farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Jolliff (Surname) Dora (First) E (Middle)

16. Color or race white — 17. Age at time of this birth 20 yrs.

18. Birthplace Union Co, Leesburg Twp. 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? 0
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Bown
Address Union Co, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* has not been properly and accurately recorded in Vol 3 Page 215, No. 542 of Records of Birth in Union Co Probate Court, Union Co.**
Your applicant hereby makes application for an order of the Court, directing ..... *, as provided by law.*

** Ohio that date of birth is recorded as Oct 26, 18 95 and should be corrected to Oct 26, 1894

Gertrude B. Redman *Applicant*

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.*

Gertrude B. Redman *Applicant*

P. O. Address Prospect, Chio

Sworn to before me and signed in my presence this 4th *day of* November *19* 57.

Karen Gebhardt
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Nora Elliott, 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.*

Nora Elliott

P. O. Address Pharisburg, Ohio

Sworn to before me and signed in my presence this 4th *day of* November *19* 57.

Karen Gebhardt
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Benjamin Jolliff, 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.*

Benjamin Jolliff

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 4th *day of* November *19* 57.

Karen Gebhardt
Deputy Clerk
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of Gerte Blanche Wood

..... *19* .....

Case No. A-882

ORDER FOR HEARING

This day Gerte Blanche Wood *appeared in open court and filed an application for the* correction of her birth record

It is ordered that hearing on said application be had forthwith and notice thereof be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Gerte Blanche Wood

Probate Court, Union **County, Ohio**

November 4, 1957

Case No. A-882

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Gerte Blanche Wood *for an order of The Court correcting* her *birth record, as it is registered in the office of* Probate Court of Union Co, Ohio Vol 3, Page 215, No. 342 *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of Nora Elliott and Benjamin Jolliff, two credible witnesses, and documentary evidence of marriage record exhibited to Court *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Leesburg Twp. (City) (Village) (Township)

(c) Name of hospital or institution: at home - Leesburg Twp. (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ..... In this community 20 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Leesburg Twp. (City) (Village) (Township)

(d) Street No. .....

3. Full name of child: Wood (Surname) Gerte (First) Blanche (Middle)

4. Date of birth: Oct 26, 1894 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: single If so—born 1st, 2d. or 3d.

7. Number months of pregnancy: 9 mos

8. Mother married? yes

FATHER OF CHILD

9. Full name: Wood (Surname) Talmadge (First) L (Middle)

10. Color or race: white 11. Age at time of this birth: 20 yrs.

12. Birthplace: Union Co, Leesburg Twp, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation: Farmer

14. Industry or business: .....

MOTHER OF CHILD

15. Full maiden name: Jolliff (Surname) Dora (First) E (Middle)

16. Color or race: white 17. Age at time of this birth: 20 yrs.

18. Birthplace: Union Co., Leesburg Twp., Ohio (City, town, or county) (State or foreign country)

19. Usual occupation: HouseWife

20. Industry or business: .....

21. Children born to this mother:
(a) How many other children of this mother are now living? 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. Bown
Address Union Co. Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

That the registration of her birth has not been properly and accurately recorded in records of birth Union Co. Probate Court, Vol. 3, Page 215, No. 342 in that date of birth is recorded as Oct 26, 1895 and should be Oct 26, 1894

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19.....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.*

..... *, having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of Juanita Ivalou Andrews

Case No. A-883

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Sheffield Lake, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ..... (City) ..... (Village) York Township (Township)

(c) Name of hospital or institution: at home-York Twp., Union Co. Ohio
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution..... In this community 15 yrs
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ..... (City) ..... (Village) York Township (Township)

(d) Street No. .....

3. Full name of child Andrews (Surname) Juanita (First) Ivalou (Middle)

4. Date of birth Apr 23, 1907 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: Single — If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy: 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Andrews (Surname) Oscar (First) Marion (Middle)

10. Color or race white — 11. Age at time of this birth 32 yrs.

12. Birthplace Hardin County (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Blacksmith

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Spangler, Ora (Surname) Mae (First) (Middle)

16. Color or race white — 17. Age at time of this birth 22 yrs.

18. Birthplace Madison County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business.....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. C. L. Thompson
Address York Center, Chio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing registration of Birth *, as provided by law.*

Juanita Ivalou Andrews 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.*

Juanita Ivalou Andrews Wilgus *Applicant*

P. O. Address 3956 East Lake Road, Sheffield Lake/Ohio

Sworn to before me and signed in my presence this 30th *day of* November *19* 57.

Mary Sanders
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, Ora M. Heffner, mother of applican t ....., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Ora M. Heffner

P. O. Address 138 Beatty Ave., Richwood, Ohio

Sworn to before me and signed in my presence this 30th *day of* November *19* 57.

Mary Sanders
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, C. E. Spangler, undle of applicant ....., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

C. E. Spangler

P. O. Address R. R. #1, Peoria, Ohio

Sworn to before me and signed in my presence this 30th *day of* November *19* 57.

Mary Sanders
Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of Juanita Ivalou Andrews

November 30, *19* 57

Case No. A-883

ORDER FOR HEARING

This day Juanita Ivalou Andrews *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Juanita Ivalou Andrews

Probate Court, Union **County, Ohio**

November 30 *19* 57

Case No. A-883

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Juanita Ivalou Andrews

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* testimony of Ora M. Heffner and C. E. Spangler and documentary evidence of certified copy of marriage record exhibited to 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) York (City) (Village) (Township)

(c) Name of hospital or institution:

at home-York Twp., Union Co., Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 15 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) York Twp. (City) (Village) (Township)

(d) Street No.....

3. Full name of child Andrews (Surname) Juanita (First) Ivalou (Middle)

4. Date of birth April 23, 1907 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos

8. Mother married? yes

FATHER OF CHILD

9. Full name Andrews (Surname) Oscar (First) Marion (Middle)

10. Color or race white 11. Age at time of this birth 32 yrs.

12. Birthplace Hardin County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Blacksmith

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Spangler, (Surname) Ora (First) Mae (Middle)

16. Color or race white 17. Age at time of this birth 22 yrs.

18. Birthplace Madison County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

22. Attending Physician or Midwife:

Name Dr. C. L. Thompson

Address York Center, Ohio

.....

M. D., midwife, or other M.D. Date signed.....

21. Children born to this mother:

(a) How many other children of this mother are now living? none

(b) How many other children were born alive but are now dead? none

(c) How many children were born dead? none

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Brith
of Corinna Madeline Davis

Case No. A-884

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Marysville *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) ..... (City) ..... (Village) York Township (Township)

(c) Name of hospital or institution: at home-York Twp.
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution none In this community 2 years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) ..... (City) ..... (Village) York Township (Township)

(d) Street No. R. R. #1, Richwood, Ohio

3. Full name of child Davis (Surname) Corinna (First) Madeline (Middle)

4. Date of birth Nov. 30, 1902 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Davis (Surname) William (First) Curtis (Middle)

10. Color or race white 11. Age at time of this birth 41 yrs.

12. Birthplace Morrow Co., (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Harris (Surname) Dora (First) Belle (Middle)

16. Color or race white 17. Age at time of this birth 34 yrs.

18. Birthplace Illinois (City, town, or county) ..... (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 8
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. Charles Thompson
Address R. R. # , West Mansfield, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of her birth*, as provided by law.*

Corinna Madeline Davis Cunningham *Applicant*

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.*

Corinna Madeline Davis Cunningham *Applicant*

P. O. Address R. R. #1, Marysville, Ohio

Sworn to before me and signed in my presence this 30th *day of* October *19* 57.

Luther L. Liggett
Probate Judge
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Ruby R. Paugh, 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.*

Ruby R. Paugh

P. O. Address 68 Deland Ave., Columbus, Ohio

Sworn to before me and signed in my presence this 30th *day of* October *19* 57.

Luther L. Liggett
Probate Judge
(Official Title)

The State of Ohio, Union **County, ss.**

I, Glenn Davis, borther 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.*

Glenn Davis

P. O. Address Rl R. #2, Richwood, Ohio

Sworn to before me and signed in my presence this 9th *day of* January *19* 58.

Mary Sanders
Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Corin a Madeline Davis

January 14, *19* 58

Case No. A-884

ORDER FOR HEARING

This day Corinna Madeline Davis *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Corinna Madeline Davis

Probate Court, Union **County, Ohio**

January 14, *19* 58

Case No. A-884

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Corinna Madeline Davis
for an order of The Court directing the registration of her *birth.*
The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* Testimony of Ruby R. Paugh and Glenn Davis, two credible witnesses and documentary evidence of photostatic copy of birth record of daughter born Aug. 22, 1925 giving age of Corinna Madeline Davis as 22 years of age exhibited to 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) ..... (City) York Township (Village) (Township)
(c) Name of hospital or institution:
at home-York Township
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution none In this community 2 years
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) ..... (City) York Township (Village) (Township)
(d) Street No. R. R. # , Richwood, Ohio

3. Full name of child Davis Corinna Madelina
Surname First Middle

4. Date of birth Nov 30, 1902
(Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Davis William Curtis
Surname First Middle
10. Color or race white 11. Age at time of this birth 41 yrs.
12. Birthplace Morrow Co Ohio
(City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Harris Dora Belle
Surname First Middle
16. Color or race white 17. Age at time of this birth 34 yrs.
18. Birthplace Illinois .....
(City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living? 8
(b) How many other 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. R. # , West Mansfield, Ohio
.....
M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett .....*Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Brith
of Lola Louise Styer

Case No. A-885

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Rt #2, Richwood, Ohio; *and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Leesburg Township (City) (Village) (Township)
(c) Name of hospital or institution: at home - Leesburg Township (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 6 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child: Styer (Surname) Lola (First) Louise (Middle)
4. Date of birth May 4, 1917 (Month) (Day) (Year)
5. Sex: Female
6. Twin or triplet: single — If so—born 1st, 2d, or 3d .....
7. Number months of pregnancy: 9 mos.
8. Mother married? yes

FATHER OF CHILD

9. Full name: Styer (Surname) Wilbert (First) Fay (Middle)
10. Color or race: white — 11. Age at time of this birth: 30 yrs.
12. Birthplace: Union County, (City, town, or county) Ohio (State or foreign country)
13. Usual occupation: Farmer
14. Industry or business: .....

MOTHER OF CHILD

15. Full maiden name: Herd (Surname) Hazel (First) Ann (Middle)
16. Color or race: white — 17. Age at time of this birth: 25 yrs.
18. Birthplace: Union County, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation: housewife
20. Industry or business: .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? one
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. C. L. Thompson
Address York Center, Ohio, Union Co.
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration of her birth, *as provided by law.*

Lola Louise Styer Hull *Applicant*

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.*

Lola Louise Styer Hull *Applicant*

P. O. Address Route #2, Richwood, Ohio

Sworn to before me and signed in my presence this 15th *day of* January *19* 58.

Mary Sanders
Deputy Clerk (Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, Union County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Wilbert Fay Styer, 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.*

Wilbert Fay Styer

P. O. Address R. R. #2, Richwood, Ohio

Sworn to before me and signed in my presence this 15th *day of* January *19* 58.

Mary Sanders
Deputy Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, John C. Hull, father-in-law 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 C. Hull

P. O. Address R. R. #2, Richwood, Ohio

Sworn to before me and signed in my presence this 15th *day of* January *19* 58.

Mary Sanders
Deputy Clerk (Official Title)

Probate Court, Union County, Ohio

In the Matter of the Registration of birth
of Lola Louise Styer

January 15, *19* 58

Case No. A-885

ORDER FOR HEARING

This day Lola Louise Styer *appeared in open court and filed an application for the* registration ofher birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...County, Ohio

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Lola Louise Styer

Probate Court, Union County, Ohio

January 15, *19* 58

Case No. A-885

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lola Louise Styer

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* Wilbert Fay Styer, father of applicant and John C. Hull, father-in-law of applicant, two credible witnesses and documentary evidence consisting of ; marriage record exhibited to 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) Leesburg Township (City) (Village) (Township)

(c) Name of hospital or institution:

at home-Leesburg Township, Union Co (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 6 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Leesburg Township (City) (Village) (Township)

(d) Street No.....

3. Full name of child Styer (Surname) Lola (First) Louise (Middle)

4. Date of birth May 4, 1917 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Styer (Surname) Wilbert (First) Fay (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Herd (Surname) Hazel (First) Ann (Middle)

16. Color or race white 17. Age at time of this birth 25 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living? 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 York Center, Ohio, Union Co.

.....

M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett .....*Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the Registration of Birth
of James Creston Hull

Case No. A-886

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Route #2, Richwood, O.; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne
(City) (Village) (Township)

(c) Name of hospital or institution:
at home - Claibourne Twp., Union County, Ohio
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community 20 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne Township
(City) (Village) (Township)

(d) Street No.

3. Full name of child Hull (Surname) James (First) Creston (Middle)

4. Date of birth March 5, 1913 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single — If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Hull (Surname) John (First) Cowen (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Wallace (Surname) Stella (First) A (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? 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. F. M Wuptsbaugh
Address Richwood, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* 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 Creston Hull *Applicant*

The State of 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 Creston Hull *Applicant*

P. O. Address R. R. # 2, Richwood, Ohio

Sworn to before me and signed in my presence this 15th *day of* January *19* 58

Mary Sanders
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of ....
of ....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, John Cowen Hull, *do hereby certify that 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 Cowen Hull

P. O. Address Route #2, Richwood, Ohio

Sworn to before me and signed in my presence this 15th *day of* January *19* 58

Mary Sanders
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Stella A. Hull, *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Stella A. Hull

P. O. Address Route #2, Richwood, Ohio

Sworn to before me and signed in my presence this 15th *day of* January *19* 58

Mary Sanders
Deputy Clerk
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Registration of Brith
of James Creston Hull

January 15 *19* 58

Case No. A-886

ORDER FOR HEARING

This day James Creston Hull *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, Union **County, Ohio**

January 15 19 58

Case No. .....

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of .....

for an order of The Court correcting .....*birth record, as it is registered in the office of* .....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by* .....;

that notice of the hearing on said application has been .....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of James Creston Hull

Probate Court, Union **County, Ohio**

January 15 19 58

Case No. A-886

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of James Creston Hull

for an order of The Court directing the registration of his *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* John Cowen Hull, father of applicant, Stella A. Hull, mother of applicant, two credible witnesses and documentary evidence exhibited to the court — marriage record.;

that notice of the hearing on said application has been dispensed with*; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Claibourne Township (City) (Village) (Township)

(c) Name of hospital or institution:

at home-Claibourne Township, Union County, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 20 yrs (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Claibourne Township (City) (Village) (Township)

(d) Street No.....

3. Full name of child Hull (Surname) James (First) Creston (Middle)

4. Date of birth March 5, 1913 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Hull (Surname) John (First) Cowen (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business.....

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

MOTHER OF CHILD

15. Full maiden name Wallace (Surname) Stella (First) A. (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

22. Attending Physician or Midwife:

Name Dr. F. M Wurtsbaugh

Address Richwood, Ohio

M. D., midwife, or other M. D. Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of James Donivan Carson

Case No. A-887

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Huntsville, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Jerome Township
(City) (Village) (Township)

(c) Name of hospital or institution:
at home-Jerome Township, Union Co., 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 20 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jerome Township
(City) (Village) (Township)

(d) Street No.

3. Full name of child Carson (Surname) James (First) Donivan (Middle)

4. Date of birth Nov. 25, 1901 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single

If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Carson (Surname) G. (First) Walker (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation School teacher

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name McDowell (Surname) Audrey (First) Blanche (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business.....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? one
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. W. C. Vigor
Address Plain City, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Volume 3, page 58 of Records of Birth Union County Probate Court, Union Co., Ohio. **
Your applicant hereby makes application for an order of the Court, directing....., *as provided by law.*
that name is recorded as Carson-no name and should James Donivan Carson; that place of birth is recorded as N. California and should be Jerome Township; that name of mother is recorded as ***

JAMES DONIVAN 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 he *verily believes.*

James Donivan Carson
Applicant

P. O. Address Huntsville, Ohio

Sworn to before me and signed in my presence this 11th *day of* February *19* 58.

*****Blanche McDowell and should be Audrey Blanche McDowell; that name of father is recorded as W. G. Carson and should be G. Walker Carson.

Mary Sanders
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of.....
of.....

Probate Court,..... County, Ohio

The State of Ohio,..... **County, ss.**

I,....., *do hereby certify that I was the physician in attendance at the birth of*....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address.....

Sworn to before me and signed in my presence this..... *day of*..... *19*.....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Blanche Ml Carson, 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.*

Blanche M. Carson

P. O. Address 413 W. Fifth St. Marysville, Ohio

Sworn to before me and signed in my presence this 11th *day of* February *19* 58.

Mary Sanders
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Leo Wise Brown, no relation to applicant *, do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*

Leo Wise Brown

P. O. Address 121 N. Oak St., Marysville, Ohio

Sworn to before me and signed in my presence this 11th *day of* February *19* 58.

Mary Sanders
Deputy Cerk
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the correction of birth record
of James Donivan Carson

February 11 *19* 58

Case No. A-887

ORDER FOR HEARING

This day James Donivan Carson *appeared in open court and filed an application for the* correction of his birth record

It is ordered that hearing on said application be had forthwith and notice thereof be dispensed with

It is further ordered by The Court that..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page.....

Luther L. Liggett
Probate Judge.

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of James Donivan Carson

Probate Court, Union County, Ohio

February 11 19 58

Case No. A-887

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of James Donivan Carson *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court of Union Co, Ohio Vol. 3, page 38 No. 38 *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the testimony of Blanche M. Carson and Leo Wise Brown, two credible witnesses, and documentary evidence of Insurance policy No. 461122 dated October 23, 1923 with the Missouri State Life Insurance Company exhibited to court *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Jerome Township (City) (Village) (Township)

(c) Name of hospital or institution: at home- Jerome Township, Union Co., 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 20 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Jerome Township (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Carson (Surname) James (First) Donivan (Middle)

4. Date of birth Nov. 25, 1903 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Carson (Surname) G. (First) Walker (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation school teacher

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name McDowell (Surname) Audrey (First) Blanche (Middle)

16. Color or race white 17. Age at time of this birth 20 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? 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. C. Wigor

Address Plain City, Ohio

M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That the registration of his birth has not been properly and accurately recorded in records of birth Union Co. Probate Court, Volume 3, Page 38, No. 38 in the name is recorded as Carson-no name and should be James Donivan Carson, that place of birth is recorded as Nl California and should be Jerome Township; that name of mother is recorded as Blanche McDowell and should be Audrey Blanche McDowell; father is recorded as W. G. Carson, and should be G. Walker Carson

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... County, Ohio

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.*

..... *, having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? .....

(b) How many other children were born alive but are now dead? .....

(c) How many children were born dead? .....

22. Attending Physician or Midwife:

Name .....

Address .....

M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, ...**County, Ohio**

In the Matter of the.....
of .....

Case No.....

APPLICATION

Your applicant respectfully represents that.....*was born in*.....*County, Ohio; that*.....*now resides in* .....*; and that the following are the available facts with relation to*.....*birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County.....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... Surname First Middle
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married? .....

FATHER OF CHILD

9. Full name ..... Surname First Middle
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living?.....
(b) How many other children were born alive but were then dead?.....
(c) How many children were born dead?.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of.....*birth* .....
Your applicant hereby makes application for an order of the Court, directing....., *as provided by law.*
..... *Applicant*

The State of Ohio,.....**County.**
The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as.....*verily believes.*
..... *Applicant*
P. O. Address.....
Sworn to before me and signed in my presence this.....*day of*.....*19*.....
.....
..... (Official Title)

AFFIDAVIT

In the Matter of.....
of .....

Probate Court,.....**County, Ohio**

The State of Ohio,.....**County, ss.**
I, ..., *do hereby certify that I was the physician in attendance at the birth of*....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*
..... *Attending Physician*
P. O. Address.....
Sworn to before me and signed in my presence this.....*day of*.....*19*.....
.....
..... (Official Title)

The State of Ohio,.....**County, ss.**
I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*
.....
P. O. Address.....
Sworn to before me and signed in my presence this.....*day of*.....*19*.....
.....
..... (Official Title)

The State of Ohio,.....**County, ss.**
I, ..., *do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.*
.....
P. O. Address.....
Sworn to before me and signed in my presence this.....*day of*.....*19*.....
.....
..... (Official Title)

Probate Court, ...**County, Ohio**

In the Matter of the.....
of .....

..... *19*.....
Case No.....

ORDER FOR HEARING

This day .....*appeared in open court and filed an application for the* .....
It is ordered that hearing on said application.....
It is further ordered by The Court that.....*be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page..... ..... *Probate Judge.*

Union Co. No. A-888

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Miriam Irene Engle

Probate Court, Crawford **County, Ohio**

January 4 *19* 58

Case No. 3205

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Miriam Irene Engle

for an order of The Court correcting her *birth record, as it is registered in the office of* the Probate Court of Union County, Ohio, Vol.3, Page 58, No.102 The Court *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the personal testimony of the applicant and the fact that the birth was reported to the Union Co. Probate Court in 1905; also, entry in Family Bible written in ink by applicant's mother gives date of birth of Miriam Irene Engle as Sept. 19, 1904;

that notice of the hearing on said application has been dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Broadway (City) Taylor (Village) (Township)

(c) Name of hospital or institution: at home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community 5 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Broadway (City) Taylor (Village) (Township)

(d) Street No. .....

3. Full name of child Engle (Surname) Miriam (First) Irene (Middle)

4. Date of birth 9-19-1904 (Month) (Day) (Year)

5. Sex female

6. Twin or triplet no If so—born 1st, 2d, or 3d –

7. Number months of pregnancy 9 mo.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Engle (Surname) Alva (First) Arminzo (Middle)

10. Color or race White 11. Age at time of this birth 27 yrs.

12. Birthplace Fayette Co. (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Young (Surname) Matie (First) (Middle)

16. Color or race White 17. Age at time of this birth 27 yrs.

18. Birthplace Marysville, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? 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 .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: the name from Mariam Engle to Miriam Irene Engle; the date of birth from September 15, 1905 to September 19, 1904; and the addition of the father's middle name Arminzo.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

Constance R. Keller *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... **County, Ohio**

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of .....

for an order of The Court directing the registration of ..... *birth.*

....., *having personally examined the applicant in open court,*

finds that the facts stated in the application are supported by .....;

.....;

that notice of the hearing on said application has been .....; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: .....
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Attending Physician or Midwife:
Name .....
Address .....
M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360 Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Lawrence Burnette Holtsberry

Case No. A-889

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* R R 2, Marysville, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution: at home - Marysville, Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community 21 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Marysville (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Holtsberry (Surname) Lawrence (First) Burnette (Middle)

4. Date of birth Dec. 12, 1899 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos

8. Mother married? yes

FATHER OF CHILD

9. Full name Holtsberry (Surname) Norris (First) Burnette (Middle)

10. Color or race white 11. Age at time of this birth 21 yrs.

12. Birthplace Franklin Co., (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer petired

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Pennypacker, Flora, Marilla (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 21 yrs.

18. Birthplace Union County (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 1
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Sarah Thompson
Address Marysville, Ohio
M. D., midwife, or other Midwife

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* is not recorded

Your applicant hereby makes application for an order of the Court, directing the registration of his birth *as provided by law.*

Lawrence Burnette Holtsberry *Applicant*

The State of 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 Burnette Holtsberry *Applicant*

P. O. Address R. R. #2, Marysville, Ohio

Sworn to before me and signed in my presence this 25th *day of* February *19*58.

Karen Gebhardt
Deputy Clerk (Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Norris B. Holtsberry , 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.*

Norris B. Holtsberry

P. O. Address R. R. #2, Marysville, Ohio

Sworn to before me and signed in my presence this 25th *day of* February *19*58.

Karen Gebhardt
Deputy Clerk (Official Title)

The State of Ohio, Union **County, ss.**

I, Flora M. Holtsberry, 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.*

Flora M. Holtsberry

P. O. Address R. R. #2, Marysville, Ohio

Sworn to before me and signed in my presence this 25th *day of* February *19*58.

Karen Gebhardt
Deputy Clerk (Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Lawrence Burnette Holtsberry

February 25 *19*58

Case No. A-889

ORDER FOR HEARING

This day Lawrence Burnette Holtsberry *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application be had forthwith and that notice of said hearing be dispensed with

It is further ordered by The Court that be and hereby is appointed Special Master Commissioner to take such testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.

NOTICE OF HEARING RECORDED Page .....

LUTHER L. LIGGETT *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, Union **County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....
for an order of The Court correcting.....*birth record, as it is registered in the office of*.....
.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....
.....;
that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County .....
(b) ..... (City) (Village) (Township)
(c) Name of hospital or institution:
..... (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State .....
(b) County .....
(c) ..... (City) (Village) (Township)
(d) Street No. .....

3. Full name of child..... (Surname) (First) (Middle)
4. Date of birth..... (Month) (Day) (Year)
5. Sex .....
6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy .....
8. Mother married?.....

FATHER OF CHILD
9. Full name ..... (Surname) (First) (Middle)
10. Color or race..... 11. Age at time of this birth.....yrs.
12. Birthplace ..... (City, town, or county) ..... (State or foreign country)
13. Usual occupation .....
14. Industry or business.....
21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

MOTHER OF CHILD
15. Full maiden name..... (Surname) (First) (Middle)
16. Color or race..... 17. Age at time of this birth.....yrs.
18. Birthplace ..... (City, town, or county) ..... (State or foreign country)
19. Usual occupation .....
20. Industry or business.....
22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Lawrence Burnette Holtsberry

Probate Court, Union **County, Ohio**

February 25 *19* 58

Case No. A-889

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Lawrence Burnette Holtsberry
for an order of The Court directing the registration of his *birth.*
~~Lxxxx~~ The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* Norris B. Holtsberry, father of applicant, Flora M. Holtsberry, mother of applicant, two credible witnesses and documentary evidence exhibited to the court - marriage record.
that notice of the hearing on said application has been dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:
(a) County Union
(b) Marysville (City) (Village) (Township)
(c) Name of hospital or institution:
at home - Marysville, Ohio (If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution..... In this community 21 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville (City) (Village) (Township)
(d) Street No.....

3. Full name of child Holtsberry (Surname) Lawrence (First) Burnette (Middle)
4. Date of birth Dec. 12, 1899 (Month) (Day) (Year)
5. Sex Male
6. Twin or triplet single If so—born 1st, 2d, or 3d.....
7. Number months of pregnancy 9 mos.
8. Mother married? yes

FATHER OF CHILD
9. Full name Holtsberry (Surname) Norris (First) Burnette (Middle)
10. Color or race white 11. Age at time of this birth 21 yrs.
12. Birthplace Franklin Co. (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer - retired
14. 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

MOTHER OF CHILD
15. Full maiden name Pennypacker, Flora Marilla (Surname) (First) (Middle)
16. Color or race white 17. Age at time of this birth 21 yrs.
18. Birthplace Union Co., (City, town, or county) Ohio (State or foreign country)
19. Usual occupation housewife
20. Industry or business.....
22. Attending Physician or Midwife:
Name Sarah Thompson
Address Marysville, Ohio
.....
M. D., midwife, or other midwife Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Ralph Powell

Case No. A-890

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Columbus, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) Pharisburg (City) (Village) (Township)

(c) Name of hospital or institution:
at home -Pharisburg
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community 28 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Union Ohio

(b) County Union

(c) Pharisburg (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Powell (Surname) Ralph (First) (Middle)

4. Date of birth Feb (Month) 6 (Day) 1906 (Year)

5. Sex: Male

6. Twin or triplet: single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos

8. Mother married? yes

FATHER OF CHILD

9. Full name Powell (Surname) Albert (First) (Middle)

10. Color or race white — 11. Age at time of this birth 30 yrs.

12. Birthplace Union Co., Ohio (City, town, or county) ..... (State or foreign country)

13. Usual occupation Farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Ridgeway, Jennie (Surname) (First) (Middle)

16. Color or race white — 17. Age at time of this birth 28 yrs.

18. Birthplace Union Co., Ohio (City, town, or county) ..... (State or foreign country)

19. Usual occupation housewife

20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 3
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. C. D. Bonmer
Address Pharisburg, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his 9 *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 Powell *Applicant*

The State of 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 Powell *Applicant*

P. O. Address Columbus, Ohio

Sworn to before me and signed in my presence this 10th *day of* March *19*58.

Karen Gebhardt
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*

P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

.....
.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, Lula P. Dickason, 66, 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.*

Lula P. Dickason

P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 10th *day of* March *19*58.

Karen Gebhardt
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Ruth Kreakbaum, 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.*

Ruth Kreakbaum

P. O. Address Marysville, Ohio

Sworn to before me and signed in my presence this 10th *day of* March *19*58.

Karen Gebhardt
Deputy Clerk
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the registration of birth
of Ralph Powell

March 10 *19*58

Case No. A-890

ORDER FOR HEARING

This day Ralph Powell *appeared in open court and filed an application for the* registration of his birth

It is ordered that hearing on said application be dispensed with

It is further ordered by the Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application if the services of a Special Master Commissioner are necessary, and this cause is continued*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...**County, Ohio**

..... *19*.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Ralph Powell

Probate Court, Union **County, Ohio**

March 10 *19* 58

Case No. A-890

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Ralph Powell

for an order of The Court directing the registration of his *birth.*

xRalphx The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* Lula P. Dickason, aunt of applicant, Ruth Kreakbaum, not relation, two credible witnesses and documentary eveidence exhibited to the court - insurance policy; *that notice of the hearing on said application has been* dispensed with *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Pharisburg (City) (Village) (Township)

(c) Name of hospital or institution:

at home - Pharisburg (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 28 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Pharisburg (City) (Village) (Township)

(d) Street No.....

3. Full name of child Powell (Surname) Ralph (First) (Middle)

4. Date of birth Feb (Month) 6 (Day) 1906 (Year)

5. Sex Male

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos

8. Mother married? yes

FATHER OF CHILD

9. Full name Powell (Surname) Albert (First) (Middle)

10. Color or race white 11. Age at time of this birth 30 yrs.

12. Birthplace Union Co., (City, town, or county) Ohio (State or foreign country)

13. Usual occupation farmer

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Ridgeway, Jennie (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 28 yrs.

18. Birthplace Union Co., (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business.....

22. Attending Physician or Midwife:

Name Dr. C. D. Bonner

Address Pharisburg, Ohio

.....

M. D., midwife, or other M. D. Date signed.....

21. Children born to this mother:

(a) How many other children of this mother are now living? 3

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett .....*Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Harry Fay Lowry

Case No. A-891½

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Plain City, Ohio *; and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Darby 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 life
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Plain City, Ohio (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Lowry (Surname) Harry (First) Fay (Middle)

4. Date of birth Sept. 5, 1893 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet Twin If so—born 1st, 2d, or 3d 1st

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Lowry (Surname) Frank (First) (Middle)
10. Color or race White 11. Age at time of this birth 35 yrs.
12. Birthplace Plain City, Ohio (City, town, or county) (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Kendall (Surname) Lizzie (First) (Middle)
16. Color or race White 17. Age at time of this birth 35 yrs.
18. Birthplace Union County (City, town, or county) ..... (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 8
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Keon
Address Unionville Center, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth* has not been properly and accurately recorded in Volume 3, Page 122, of the Records of Births, Union County, Ohio
Your applicant hereby makes application for an order of the Court, directing the correction of his birth *as provided by law.*

Harry Fay Lowry *Applicant*

The State of 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 Fay Lowry *Applicant*
P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 2nd *day of* June *19*58.

Constance L. Freeman
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of the correction of birth record
of Harry Fay Lowry

Probate Court, Union **County, Ohio**

The State of Ohio, Union **County, ss.**
I, ... *, do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

Attending Physician
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....

(Official Title)

The State of Ohio, Union **County, ss.**
I, Simon Ackley - neighbor 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.*

Simon Ackley Freeman
P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 2nd *day of* June *19*58.

Constance L. Freeman
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**
I, Charles Wilcox - neighbor 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.*

Charley Wilcox
P. O. Address Plain City, Ohio

Sworn to before me and signed in my presence this 2nd *day of* June *19*58

Constance L. Freeman
Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the correction of birth record
of Harry Fay Lowry

June 2, *19*58

Case No. A-891½

ORDER FOR HEARING

This day HarryFay Lowry *appeared in open court and filed an application for the* correction of birth record

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

550

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Harry Fay Lowry

Probate Court, Union **County, Ohio**

June 2, 1958

Case No. A-891½

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Harry Fay Lowry *for an order of The Court correcting* his *birth record, as it is registered in the office of* Probate Court of Union County *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* the affidavit of persons having knowledge of the facts ; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Darby 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 life (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Plain City, Ohio (City) (Village) (Township)

(d) Street No. .....

3. Full name of child Lowry (Surname) Harry (First) Fay (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet Twin If so—born 1st, 2d, or 3d 1st

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Lowry (Surname) Frank (First) (Middle)

10. Color or race White 11. Age at time of this birth 35 yrs.

12. Birthplace Plain City, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Farmer

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Kendall (Surname) Lizzie (First) (Middle)

16. Color or race White 17. Age at time of this birth 35 yrs.

18. Birthplace Union County (City, town, or county) ..... (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? 8

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. Keon

Address Unionville Center, Ohio

M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

That the middle name of Harry Fay Lowry was not recorded in said record of births and the date of his birth was recorded as September 12, 1893 rather than September 5, 1893 as it should be recorded in Volume 3, page 122, records of births of Union County, Ohio.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, Union **County, Ohio**

June 2, 1958

Case No. A-891

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.*

..... *, having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? .....

(b) How many other children were born alive but are now dead? .....

(c) How many children were born dead? .....

22. Attending Physician or Midwife:

Name .....

Address .....

M. D., midwife, or other ..... Date signed .....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

LUTHER L. LIGGETT *Probate Judge.*

BY Constance Freeman *Deputy Clerk.*

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of June Jeanette Lucille Lucas

Case No. A-892

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* Union County, Ohio *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Leesburg Township (City) (Village) (Township)
(c) Name of hospital or institution:
at home - Leesburg Township
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community 26 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Leesburg Township (City) (Village) (Township)
(d) Street No. .....

3. Full name of child Lucas, June Jeanette Lucille (Surname, First, Middle)

4. Date of birth Apr 10, 1918 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet: single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Lucas, Cecile L (Surname, First, Middle)
10. Color or race white — 11. Age at time of this birth 29 yrs.
12. Birthplace Marion County (City, town, or county) Ohio (State or foreign country)
13. Usual occupation Farmer
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Baughman, Lillian D. (Surname, First, Middle)
16. Color or race white — 17. Age at time of this birth 26 yrs.
18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 3
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 0

22. Attending Physician or Midwife:
Name Dr. Sager
Address Magnetic Springs, Ohio
M. D., midwife, or other M. D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*

June Jeanette Lucille Lucas Potts *Applicant*

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as she *verily believes.*

June Jeanette Lucille Lucas Potts *Applicant*
P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 22nd *day of* April *19* 58

Karen Gebhardt
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**

I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*

..... *Attending Physician*
P. O. Address .....

Sworn to before me and signed in my presence this ..... *day of* ..... *19* .....

.....
(Official Title)

The State of Ohio, Union **County, ss.**

I, Lillian Lucas, 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.*

Lillian Lucas
P. O. Address R. #2, Richwood, Ohio

Sworn to before me and signed in my presence this 22nd *day of* April *19* 58

Karen Gebhardt
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Maude Lucas, age 72 years, 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.*

Maude Lucas
P. O. Address Richwood, Ohio

Sworn to before me and signed in my presence this 22nd *day of* April *19* 58.

Karen Gebhardt
Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the registration of birth
of June Jeanette Lucille Lucas

April 22 *19* 58

Case No. A-892

ORDER FOR HEARING

This day June Jeanette Lucille Lucas *appeared in open court and filed an application for the* registration of her birth

It is ordered that hearing on said application dispensed with

This further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary, and this cause is continued.*

NOTICE OF HEARING RECORDED Page .....

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, ...County, Ohio

.....19.....

Case No......

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of.....

for an order of The Court correcting.....*birth record, as it is registered in the office of*.....

.....*on consideration of the evidence submitted, finds that the facts stated in the application are supported by*.....

.....;

that notice of the hearing on said application has been.....*; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution:

..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living?.....

(b) How many other children were born alive but are now dead?.....

(c) How many children were born dead?.....

22. Attending Physician or Midwife:

Name .....

Address .....

.....

M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of June Jeanette Lucille Lucas

Probate Court, Union County, Ohio

April 22 *19* 58

Case No. A-892

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of June Jeanette Lucille Lucas

for an order of The Court directing the registration of her *birth.*

The Court, *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* testimony of Lillian Lucas and Maude Lucas two credible witnesses and documentary evidence of photostatic copy of the birth record of daughter born Jan. 31, 1939 giving age of June Jeanette Lucille Lucas as 20 years of age - exhibited to 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 (City) (Village) (Township)

(c) Name of hospital or institution:

at home Leesburg Township (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community 26 years (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Leesburg Township (City) (Village) (Township)

(d) Street No.....

3. Full name of child Lucas, ~~Jeanette~~ June Jeanette Lucille (Surname First Middle)

4. Date of birth April 10, 1918 (Month) (Day) (Year)

5. Sex Female

6. Twin or triplet single If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9 mos.

8. Mother married? yes

FATHER OF CHILD

9. Full name Lucas, Cecil L (Surname First Middle)

10. Color or race white 11. Age at time of this birth 29 yrs.

12. Birthplace Marion Co., O (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Baughman, Lillian D. (Surname First Middle)

16. Color or race white 17. Age at time of this birth 26 yrs.

18. Birthplace Union Co. (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

21. Children born to this mother:

(a) How many other children of this mother are now living? 3

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead? 0

22. Attending Physician or Midwife:

Name Dr. Sager

Address Magnetic Springs, Ohio

.....

M. D., midwife, or other M. D. Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

.....

Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360

Form Approved by the Department of Health of Ohio

APPLICATION
BARRETT—656-A

Probate Court, Union **County, Ohio**

In the Matter of the Registration of Birth
of Pearl Evelyn Tobey

Case No. A-893

APPLICATION

Your applicant respectfully represents that she *was born in* Union *County, Ohio; that* she *now resides in* California *; and that the following are the available facts with relation to* her *birth as of the date of delivery:*

1. PLACE OF BIRTH:
(a) County Union
(b) Marysville (City) (Village) (Township)
(c) Name of hospital or institution: at home
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery:
In hospital or institution ..... In this community .....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Ohio
(b) County Union
(c) Marysville (City) (Village) (Township)
(d) Street No. Maple & Third

3. Full name of child Tobey (Surname) Pearl (First) Evelyn (Middle)

4. Date of birth Nov. 28, 1912 (Month) (Day) (Year)

5. Sex F

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Tobey (Surname) Edward (First) J. (Middle)
10. Color or race W. 11. Age at time of this birth 42 yrs.
12. Birthplace York Center (City, town, or county) ..... (State or foreign country)
13. Usual occupation Carpenter
14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Clark (Surname) Virgie (First) Lee (Middle)
16. Color or race W. 17. Age at time of this birth 27 yrs.
18. Birthplace Harrisburg, Ohio (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? 4
(b) How many other children were born alive but were then dead? 0
(c) How many children were born dead? 1

22. Attending Physician or Midwife:
Name Angus MacIvor
Address Marysville, Ohio
M. D., midwife, or other .....

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of her *birth* is not recorded
Your applicant hereby makes application for an order of the Court, directing the registration of her birth *as provided by law.*
Pearl Evelyn Tobey Treese *Applicant*

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.*
Pearl Evelyn Tobey Treese *Applicant*
P. O. Address 744 E. San Joaquin St., Tulare, Calif.
Sworn to before me and signed in my presence this 26th *day of* May *19*58.
Eloise C. Smart
Notary Public
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... **County, Ohio**

The State of Ohio, ... **County, ss.**
I, ..., *do hereby certify that I was the physician in attendance at the birth of* ....., *the applicant herein, and that the facts stated in the application are true, as I verily believe.*
Attending Physician
P. O. Address .....
Sworn to before me and signed in my presence this ..... *day of* ..... *19*.....
(Official Title)

The State of Ohio, Union **County, ss.**
I, Virgie Lee Tobey, 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.*
Virgie Lee Tobey
P. O. Address Route # 1, Peoria, Ohio
Sworn to before me and signed in my presence this 26 *day of* May *19* 58
Mary Sanders
Deputy Clerk
(Official Title)

The State of Ohio, Union **County, ss.**
I, Wilma E. Treese- sister-in-law 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.*
Wilma E. Treese
P. O. Address Route # 2, Richwood, Ohio
Sworn to before me and signed in my presence this 26 *day of* May *19* 58
Mary Sanders
Deputy Clerk
(Official Title)

Probate Court, Union **County, Ohio**

In the Matter of the the registration of birth
of Pearl Evelyn Tobey

May 26, *19* 58

Case No. A-893

ORDER FOR HEARING

This day Pearl Evelyn Tobey *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 dis-pensed with.

It is further ordered by The Court that ..... *be and hereby is appointed Special Master Commissioner to take sworn testimony on said application, if the services of a Special Master Commissioner are necessary; and this cause is continued.*

NOTICE OF HEARING RECORDED Page ~~XX~~ 553

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY
BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of .....

Probate Court, Union County, Ohio

May 26 19 58

Case No. A-893

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of ..... *for an order of The Court correcting* .....*birth record, as it is registered in the office of* ..... *on consideration of the evidence submitted, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... ; *and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: .....
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child..... Surname First Middle

4. Date of birth..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy .....

8. Mother married?.....

FATHER OF CHILD

9. Full name ..... Surname First Middle

10. Color or race..... 11. Age at time of this birth.....yrs.

12. Birthplace ..... (City, town, or county) ..... (State or foreign country)

13. Usual occupation .....

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name..... Surname First Middle

16. Color or race..... 17. Age at time of this birth.....yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation .....

20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living?.....
(b) How many other children were born alive but are now dead?.....
(c) How many children were born dead?.....

22. Attending Physician or Midwife:
Name .....
Address .....
.....
M. D., midwife, or other.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars:

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

.....*Probate Judge.*

JOURNAL ENTRY
BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of Pearl Evelyn Tobey

Probate Court, Union County, Ohio

May 26, 19 58

Case No. A-893

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of Pearl Evelyn Tobey *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 Virgie Lee Robey and Wilma E. Treese, credible witnesses ; *that notice of the hearing on said application has been* dispensed with ; *and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Marysville (City) (Village) (Township)

(c) Name of hospital or institution: at home
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution..... In this community.....
(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. Maple and Third

3. Full name of child Tobey (Surname) Pearl (First) Evelyn (Middle)

4. Date of birth Nov. 28, 1912 (Month) (Day) (Year)

5. Sex F

6. Twin or triplet ..... If so—born 1st, 2d, or 3d.....

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Tobey (Surname) Edward J. (First Middle)

10. Color or race W 11. Age at time of this birth 42 yrs.

12. Birthplace York Center (City, town, or county) ..... (State or foreign country)

13. Usual occupation Carpenter

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Clark (Surname) Virgie (First) Lee (Middle)

16. Color or race W 17. Age at time of this birth 27 yrs.

18. Birthplace Harrisburg, O. (City, town, or county) ..... (State or foreign country)

19. Usual occupation Housewife

20. Industry or business.....

21. Children born to this mother:
(a) How many other children of this mother are now living? 4
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 1

22. Attending Physician or Midwife:
Name Angus MacIvor
Address Marysville, Ohio
.....
M. D., midwife, or other..... Date signed.....

Answers must be given as of date of delivery of applicant

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

Luther L. Liggett *Probate Judge.*

.....
Deputy Clerk.

Heer Ptg. Co., Cols., O. CD 18360 — Form Approved by the Department of Health of Ohio

APPLICATION

BARRETT—656-A

Probate Court, Union County, Ohio

In the Matter of the correction of birth
of Lowell Milbern Baker

Case No. A-894

APPLICATION

Your applicant respectfully represents that he *was born in* Union *County, Ohio; that* he *now resides in* Route #1, West Mansfield; *and that the following are the available facts with relation to* his *birth as of the date of delivery:*

1. PLACE OF BIRTH:

(a) County Union

(b) (City) (Village) Washington Twp. (Township)

(c) Name of hospital or institution: at home Washington Twp., Union Co., Ohio
(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:
In hospital or institution ..... In this community 23 yrs.
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) (City) (Village) Washington Twp. (Township)

(d) Street No. .....

3. Full name of child Baker (Surname) Lowell (First) Milbern (Middle)

4. Date of birth June 5, 1924 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet: single — If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy: 9 mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Baker (Surname) Milbern (First) (Middle)

10. Color or race White — 11. Age at time of this birth 27 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Teacher

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Bonham (Surname) Margaret (First) (Middle)

16. Color or race White — 17. Age at time of this birth 23 yrs.

18. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother before this birth:
(a) How many other children of this mother were living? none
(b) How many other children were born alive but were then dead? none
(c) How many children were born dead? none

22. Attending Physician or Midwife:
Name Dr. C. L. Thompson
Address Peoria, Ohio
M. D., midwife, or other M.D.

Answers must be given as of date of delivery of applicant

Your applicant further represents that the registration of his *birth .....*

Your applicant hereby makes application for an order of the Court, directing ....., as provided by law.

Applicant

The State of Ohio, Union **County.**

The undersigned applicant, being duly sworn, says that the facts stated in the foregoing application are true, as he *verily believes.*

Lowell Milbern Baker *Applicant*

P. O. Address Route #1, West Mansfield, Ohio

Sworn to before me and signed in my presence this 20 *day of* June *19* 58.

Mary Sanders
Deputy Clerk
(Official Title)

AFFIDAVIT

In the Matter of .....
of .....

Probate Court, ... County, Ohio

The State of Ohio, ... **County, ss.**

I, ..., do hereby certify that I was the physician in attendance at the birth of ....., the applicant herein, and that the facts stated in the application are true, as I verily believe.

Attending Physician

P. O. Address .....

Sworn to before me and signed in my presence this ..... day of ..... 19.....

(Official Title)

The State of Ohio, Union **County, ss.**

I, Milbern A. Baker, 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.*

Milbern A. Baker

P. O. Address Route # 1, West Mansfield, Ohio

Sworn to before me and signed in my presence this 20 *day of* June *19* 58.

Mary Sanders
Deputy-Clerk
(Official Title)

The State of Ohio, Union **County, ss.**

I, Margaret Baker, 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.*

Margaret Baker

P. O. Address Route #1, West Mansfield, Ohio

Sworn to before me and signed in my presence this 20 *day of* June *19* 58.

Mary Sanders
Deputy-Clerk
(Official Title)

Probate Court, Union County, Ohio

In the Matter of the Correction of birth
of Lowell Milbern Baker

June 20, 1958 *19* 58

Case No. A-894

ORDER FOR HEARING

This day Lowell Milbern Baker *appeared in open court and filed an application for the* correction of his birth record

It is ordered that hearing on said application be had forthwith and that notice thereof be dispensed with.

It is further ordered by The Court that XXXX

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JOURNAL ENTRY

BARRETT—656-CX

In the Matter of the CORRECTION OF BIRTH RECORD

of Lowell Milbern Baker

Probate Court, Union County, Ohio

June 20, 19 58

Case No. A-894

FINDING AND ORDER — CORRECTION OF BIRTH RECORD

This day this cause came on to be heard on the application of Lowell Milbern Baker *for an order of The Court correcting* his *birth record, as it is registered in the office of* State of Ohio, Bureau of Vital Statistics, Columbus, Ohio, Certificate of Birth File No. 62041, Registered No. 73 *the Court, on consideration of the evidence submitted, finds that the facts stated in the application are supported by* testimony of Milbern A. Baker and Margaret Baker, credible witness and documentary evidence of school record exhibited to Court; *that notice of the hearing on said application has been* dispensed with *; and (being convinced the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County Union

(b) Washington Twp. (City) (Village) (Township)

(c) Name of hospital or institution: at home Washington Twp. Union Co., Ohio (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community 23 yrs. (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Washington Twp. (City) (Village) (Township)

(d) Street No.

3. Full name of child Baker (Surname) Lowell (First) Milbern (Middle)

4. Date of birth June 5, 1924 (Month) (Day) (Year)

5. Sex Male

6. Twin or triplet single If so—born 1st, 2d, or 3d

7. Number months of pregnancy 9 mos.

8. Mother married? Yes

FATHER OF CHILD

9. Full name Baker (Surname) Milbern (First) (Middle)

10. Color or race White 11. Age at time of this birth 27 yrs.

12. Birthplace Union Co., Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Teacher

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Bonham, Margaret (Surname) (First) (Middle)

16. Color or race White 17. Age at time of this birth 23 yrs.

18. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business

21. Children born to this mother:

(a) How many other children of this mother are now living? None

(b) How many other children were born alive but are now dead? None

(c) How many children were born dead? None

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name Dr. C. L. Thompson

Address Peoria, Ohio

M. D., midwife, or other M. D.

It is therefore ordered that the Birth Record of the applicant herein be corrected in the following particulars: That his birth has not been properly and accurately recorded in the State of Ohio, Bureau of Vital Statistics, Columbus, Ohio, Certificate of Birth File No. 62041, Registered No. 73 in that no name of child on original record and should be Lowell Milbern Baker; that name of father on original record is Milborn Baker and should be Milbern Baker.

It is further ordered that this proceeding be recorded and that a certified copy of this order be transmitted to the office in which the birth of the applicant is registered, as provided by law.

Luther L. Liggett *Probate Judge.*

JOURNAL ENTRY

BARRETT—656-D

In the Matter of the REGISTRATION OF BIRTH

of .....

Probate Court, ... County, Ohio

19 .....

Case No. .....

FINDING AND ORDER—REGISTRATION OF BIRTH

This day this cause came on to be heard on the application of ..... *for an order of The Court directing the registration of* ..... *birth.*

....., *having personally examined the applicant in open court, finds that the facts stated in the application are supported by* ..... ; *that notice of the hearing on said application has been* ..... *; and, (being convinced that the claim of the applicant is true,) that the following are the true facts with relation to the birth of said applicant, as of the date of delivery:—*

1. PLACE OF BIRTH:

(a) County .....

(b) ..... (City) (Village) (Township)

(c) Name of hospital or institution: ..... (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State .....

(b) County .....

(c) ..... (City) (Village) (Township)

(d) Street No. .....

3. Full name of child ..... (Surname) (First) (Middle)

4. Date of birth ..... (Month) (Day) (Year)

5. Sex .....

6. Twin or triplet ..... If so—born 1st, 2d, or 3d .....

7. Number months of pregnancy .....

8. Mother married? .....

FATHER OF CHILD

9. Full name ..... (Surname) (First) (Middle)

10. Color or race ..... 11. Age at time of this birth ..... yrs.

12. Birthplace ..... (City, town, or county) (State or foreign country)

13. Usual occupation .....

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name ..... (Surname) (First) (Middle)

16. Color or race ..... 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) (State or foreign country)

19. Usual occupation .....

20. Industry or business .....

21. Children born to this mother:

(a) How many other children of this mother are now living? .....

(b) How many other children were born alive but are now dead? .....

(c) How many children were born dead? .....

Answers must be given as of date of delivery of applicant

22. Attending Physician or Midwife:

Name .....

Address .....

M. D., midwife, or other ..... Date signed .....

It is therefore ordered that the birth of said applicant be registered; and that a summary of the finding and order of the Court, duly certified, be forthwith transmitted to The State Director of Health, at Columbus, Ohio, as provided by law.

..... *Probate Judge.*

..... *Deputy Clerk.*

Pages 557-560 Missing

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 Helen Louise Mullen

Case No. A-561
COMMISSION

To W. L. Gray, Jr., *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* Helen Louise Mullen Holley applicant *who resides at* 611 N. Greenway Drive, Coral Gables, Florida *and who is unable to appear in said Court, in the matter of the* registration of birth *of* Helen Louise Mullen, *now a resident of* Coral Gables (City or Village) Dade County (County) Florida (State); *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* Helen Louise Mullen Holley *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* Helen Louise Mullen, *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* 15th *day of* June, *19* 43

(SEAL)

John W. Dailey
Judge and ex-officio Clerk of the Probate Court

DEPOSITION OF HELEN LOUISE MULLEN HOLLEY

In the Matter of the Registration of Birth
of Helen Louise Mullen

Case No. A-517
DEPOSITION

I, W. L. Gray, Jr., *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* Helen Louise Mullen Holley, applicant, *in the matter of the* registration of birth *of* Helen Louise Mullen, *now a resident of* Coral Gables (City or Village) Dade (County) Florida (State), *do hereby certify that in pursuance of said commission, I caused the said* Helen Louise Mullen Holley *to come personally before me at* 627 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* Helen Louise Mullen, *testified as follows:*

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RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

Helen Louise Mullen Holley, *the undersigned, being first duly sworn according to law to tell the truth, the whole truth and nothing but the truth, hereby* swears *that* she *was born in* Union *County, Ohio; that* she is *now a resident of* Coral Gables (City or Village) Dade County, (County) Florida (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) Marysville (City) (Village) (Township)

(c) Name of hospital or institution: 222 E. 6th Street (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community.... - (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Paris Township (City) (Village) (Township)

(d) Street No.

3. Full name of child Mullen (Surname) Helen (First) Louise (Middle)

4. Date of birth Sept. 26, 1897 (Month) (Day) (Year)

5. Sex: F

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 Mullen, Edward Arthur (Surname) (First) (Middle)

10. Color or race white 11. Age at time of this birth 28 yrs.

12. Birthplace Union County, Ohio (City, town, or county) (State or foreign country)

13. Usual occupation Livery stable operator

14. Industry or business as above

MOTHER OF CHILD

15. Full maiden name Wood, Eunice Francoeur (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 28 yrs.

18. Birthplace Wrentham, Massachusetts (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. A. B. Swisher (not dec'd)

Address Marysville, Ohio

M.D., midwife, or other.....

Answers must be given as of date of delivery of applicant

she *further* swears *that the registration of* her *birth* is not recorded.

Helen Louise Mullen Holley

CERTIFICATE

I hereby certify that the foregoing was reduced to writing by me, in the presence of Helen Louise Mullen Holley *the* applicant *herein, and was subscribed by* her *in my presence, on this* 7th *day of* July, *19* 43.

In Testimony Whereof, I have hereunto set my hand, at Miami, Florida, ~~Ohio~~, *this* 7th *day of* July, *19* 43

(SEAL)

W. L. Gray Jr.
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 Dana Modderwell Ousler

Case No. A-532
COMMISSION

To J. G. Adams, Jr., *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* Dana Modderwell Ousler applicant *who resides at* Birmingham, Alabama *and who is unable to appear in said Court, in the matter of the* registration of birth *of* Dana Modderwell Ousler, *now a resident of* Birmingham (City or Village) Jefferson County (County) Alabama (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* Dana Modderwell Ousler *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* Dana Modderwell Ousler, *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* 26th *day of* July, *19* 43.

(SEAL)

John W. Dailey
Judge and ex-officio Clerk of the Probate Court

DEPOSITION OF DANA MODDERWELL OUSLER

In the Matter of Registration of Birth
of Dana Modderwell Ousler

Case No. A-532
DEPOSITION

I, J. G. Adams, Jr., *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* Dana Modderwell Ousler, applicant, *in the matter of the* registration of birth *of* Dana Modderwell Ousler, *now a resident of* Birmingham (City or Village) Jefferson (County) Alabama (State), *do hereby certify that in pursuance of said commission, I caused the said* Dana Modderwell Ousler *to come personally before me at* 421 Massey Building, Birmingham, Alabama *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* Dana Modderwell Ousler, *testified as follows:*

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RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

Dana Modderwell Ousler, *the undersigned, being first duly sworn according to law to tell the truth, the whole truth and nothing but the truth,* swear *hereby that* he, Dana Modderwell Ousler *was born in* Union *County, Ohio; that* he *now a resident of* Birmingham (City or Village) Jefferson (County) Alabama (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, Ohio (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution home In this community yes (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. don't remember

3. Full name of child Ousler (Surname) Dana (First) Modderwell (Middle)

4. Date of birth Oct. 2, 1887 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet no If so—born 1st, 2d, or 3rd

7. Number months of pregnancy

8. Mother married? yes

FATHER OF CHILD

9. Full name Ousler (Surname) John (First) Richard (Middle)

10. Color or race white 11. Age at time of this birth 25 yrs.

12. Birthplace Baltimore (City, town, or county) Maryland (State or foreign country)

13. Usual occupation Carpenter

14. Industry or business

MOTHER OF CHILD

15. Full maiden name Robinson (Surname) Anna (First) L. (Middle)

16. Color or race white 17. Age at time of this birth 24 yrs.

18. Birthplace Union Co. (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business

21. Children born to this mother before this birth: 1 before

(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 not known

Address

M.D., midwife, or other

Answers must be given as of date of delivery of applicant

further swear *that the registration of birth*

Dana Modderwell Ousler

CERTIFICATE

I hereby certify that the foregoing was reduced to writing by me, in the presence of Dana Modderwell Ousler *the* applicant *herein, and was subscribed by* him *in my presence, on this* 30 *day of* July, 19 43.

In Testimony Whereof, I have hereunto set my hand, at Birmingham, Alabama, ~~Ohio~~, *this* 30 *day of* July, 19 43.

(SEAL)

J. G. Adams, Jr.
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 Helen Mae Crothers

Case No. A-568 ✓
COMMISSION

To E. L. Holt, *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* Helen Mae Crothers Smith applicant *who resides at* Box 133, Anthony, New Mexico *and who is unable to appear in said Court, in the matter of the* registration of birth *of* Helen Mae Crothers, *now a resident of* Anthony (City or Village), Dona Ana County (County), New Mexico (State); *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* Helen Mae Crothers Smith *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* Helen Mae Crothers, *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* 7th *day of* April, *19* 44.

(SEAL)

John W. Dailey
Judge and ex-officio Clerk of the Probate Court

DEPOSITION OF HELEN MAE CROTHERS SMITH

In the Matter of the Registration of Birth
of Helen Mae Crothers

Case No. A-568
DEPOSITION

I, E. L. Holt, *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* Helen Mae Crothers Smith *in the matter of the* registration of birth *of* Helen Mae Crothers, *now a resident of* Anthony (City or Village), Dona Ana (County), New Mexico (State), *do hereby certify that in pursuance of said commission, I caused the said* Helen Mae Crothers Smith *to come personally before me at* Las Cruces, Dona Ana County, New Mexico, *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* Helen Mae Crothers, *testified as follows:*

566

RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

Helen Mae Crothers Smith, *the undersigned, being first duly sworn according to law to tell the truth, the whole truth and nothing but the truth, hereby* swears *that* Helen Mae Crothers *was born in* Union *County, Ohio; that* she is *now a resident of* Anthony (City or Village) Dona Ana (County) New Mexico (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) Marysville (City) (Village) (Township)

(c) Name of hospital or institution: Farm, 6 miles from 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 27 yr. (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. R.F.D. 2

3. Full name of child Crothers (Surname) Helen (First) Mae (Middle)

4. Date of birth Feb. 23, 1913 (Month) (Day) (Year)

5. Sex: Female

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 Crothers, (Surname) Warren (First) B. (Middle)

10. Color or race White 11. Age at time of this birth 29 yrs.

12. Birthplace Marysville, (City, town, or county) Union County, (State or foreign country) Ohio

13. Usual occupation Electrician

14. Industry or business .....

MOTHER OF CHILD

15. Full maiden name Littler, (Surname) Myrtle (First) (Middle)

16. Color or race White 17. Age at time of this birth 27 yrs.

18. Birthplace Marysville, (City, town, or county) Union County, (State or foreign country) Ohio

19. Usual occupation Housewife

20. Industry or business .....

21. Children born to this mother before this birth: One

(a) How many other children of this mother were living? One

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name Dr. Swisher

Address Marysville, Ohio

M.D., midwife, or other Cara Beightler

Answers must be given as of date of delivery of applicant

she *further* swears *that the registration of* her *birth* is not recorded.

No record of this birth in Bureau of Vital Statistics.

Helen Mae Crothers Smith

CERTIFICATE

I hereby certify that the foregoing was reduced to writing by me, in the presence of Helen Mae Crothers Smith *the* applicant *herein, and was subscribed by* her *in my presence, on this* 12th *day of* April, 19 44

In Testimony Whereof, I have hereunto set my hand, at Las Cruces, New Mexico, *Ohio, this* 12th *day of* April, 19 44

(SEAL)

E. L. Holt
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 Hortense Viola Brown

Case No. A-576
COMMISSION

To Theodore J. 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* Hortense Viola Decker applicant *who resides at* 1220 Grove Street, Denver, Colorado *and who is unable to appear in said Court, in the matter of the* registration of birth *of* Hortense Viola Brown, *now a resident of* Denver (City or Village) Colorado (State); *who has filed an application for the* registeation of her 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* Hortense Viola Decker *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* Hortense Viola Brown, *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* 12th *day of* May, *19* 44.

(SEAL)

John W. Dailey
Judge and ex-officio Clerk of the Probate Court

DEPOSITION OF HORTENSE VIOLA DECKER

In the Matter of Registration of Birth
of Hortense Viola Brown

Case No. A-576
DEPOSITION

I, Theodore J. 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* Hortense Viola Decker, Witness *in the matter of the* the registration of the birth *of* Hortense Viola Brown, *now a resident of* Denver (City or Village) Denver (County) Colorado (State), *do hereby certify that in pursuance of said commission, I caused the said* Hortense Viola Decker *to come personally before me at* 838 Majestic Bldg. Denver, Colorado, *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* Hortense Viola Decker, *testified as follows:*

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RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

Hortense Viola Decker, *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* Hortense Viola Brown *was born in* Union *County, Ohio; that* she is *now a resident of* Denver (City or Village) Denver (County) Colorado (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) Near Woodland - rural district (City) (Village) (Township)

(c) Name of hospital or institution: None (If not in hospital or institution give street number or location)

(d) Mother's stay before delivery: In hospital or institution None In this community 1 year (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Ohio

(b) County Union

(c) Near Woodland (City) (Village) (Township)

(d) Street No. None-Rural district

3. Full name of child: Brown (Surname) Hortense (First) Viola (Middle)

4. Date of birth 10-3-1880 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet Sgle birth If so—born 1st, 2d, or 3rd

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Brown (Surname) George (First) Washington (Middle)

10. Color or race White 11. Age at time of this birth 29 yrs.

12. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Labor

14. Industry or business None

MOTHER OF CHILD

15. Full maiden name Decker (Surname) Francis (First) Viola (Middle)

16. Color or race White 17. Age at time of this birth 26 yrs.

18. Birthplace Morrow (City, town, or county) Ohio (State or foreign country)

19. Usual occupation Housewife

20. Industry or business None

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? 2

(b) How many other children were born alive but were then dead? None

(c) How many children were born dead? None

22. Attending Physician or Midwife

Name Lydia Decker

Address Woodland, Ohio

M.D., midwife, or other My grandmother

Answers must be given as of date of delivery of applicant

I *further* swear *that the registration of* her *birth* is not recorded.

Hortense Viola Decker

CERTIFICATE

I hereby certify that the foregoing was reduced to writing by me, in the presence of Hortense Viola Decker *the* witness *herein, and was subscribed by* her *in my presence, on this* 24th *day of* May, *19* 44.

In Testimony Whereof, I have hereunto set my hand, at Denver, Colorado, ~~Ohio~~, *this* 24th *day of* May, *19* 44

(SEAL)

Theo. J. Adams
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 Registration of Birth
of Clara Alice Hamilton

Case No. A-704
COMMISSION

To Todd Hoopes, *Greeting:*

Know you, that I, Judge of the Probate Court of Union *County, Ohio, have appointed you, and by these presents do give you full power and authority to examine and take the deposition* s. *of* Bina Hamilton and John Price witnesses *who resides at* South Maple Street, Marysville, Ohio and at Broadway, Ohio / respectively *and who is unable to appear in said Court, in the matter of* ~~the~~ the registration of birth *of* Clara Alice Hamilton, *now a resident of* 1421 Virginia Street, East Charleston, West Va. (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* Bina Hamilton and John Price *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* Clara Alice Hamilton, *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* 6 *day of* June, 1950.

(SEAL)

John W. Dailey
Judge and ex-officio Clerk of the Probate Court

DEPOSITION OF Bina Hamilton and John Price

In the Matter of Registration of Birth
of Clara Alice Hamilton

Case No. A-704
DEPOSITION

I, Todd Hoopes, *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* Bina Hamilton and John Price witnesses *in the matter of the* Registration of Birth of Clara Alice Hamilton, *now a resident of* 1421 Virginia St., East Charleston, W. Va. (City or Village) (County) (State), *do hereby certify that in pursuance of said commission, I caused the said* Bina Hamilton and John Price *to come personally before me at* Marysville, 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* Clara Alice Hamilton, *testified as follows:*

570

RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

Bina Hamilton and John Price, *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* Clara Alice Hamilton *was born in* Marysville, Union *County, Ohio; that* she is *now a resident of* Charleston, West Virginia (City or Village) (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) Marysville (City) Paris (Village) (Township)

(c) Name of hospital or institution: 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) Marysville (City) Paris (Village) (Township)

(d) Street No. E. 5th St.

3. Full name of child Hamilton (Surname) Clara (First) Alice (Middle)

4. Date of birth April 25, 1882 (Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet no

If so—born 1st, 2d, or 3rd Only child

7. Number months of pregnancy 9

8. Mother married? Yes

FATHER OF CHILD

9. Full name Hamilton (Surname) Daniel B. (First) (Middle)

10. Color or race White 11. Age at time of this birth 31 yrs.

12. Birthplace Union County, (City, town, or county) Ohio (State or foreign country)

13. Usual occupation school teacher

14. Industry or business.....

MOTHER OF CHILD

15. Full maiden name Fortney (Surname) Alice (First) C. (Middle)

16. Color or race White 17. Age at time of this birth ..... yrs.

18. Birthplace ..... (City, town, or county) ..... (State or foreign country)

19. Usual occupation housewife

20. Industry or business.....

21. Children born to this mother before this birth:

(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

do *further* swear *that the registration of* her *birth* is not recorded

Bina D. Hamilton

John E. Price

CERTIFICATE

I hereby certify that the foregoing was reduced to writing by me, in the presence of Bina Hamilton and John Price *the* witnesses *herein, and was subscribed by* them *in my presence, on this* 6th *day of* June, *19* 50

In Testimony Whereof, I have hereunto set my hand, at Marysville, *Ohio, this* 6th *day of* June, *19* 50.

(SEAL)

Todd Hoopes
Commissioner

Commissioner's Fee - - - - $ 10.00

Witness..... Fees - - - - $ -------

Total $ 10.00

Pages 571-610 Missing

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* John Wesley Phelps

Case No. A-477

COMMISSION

To Carl H. Wilson, *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* John Wesley Phelps, applicant, *who resides at* 852-19th St., Moline, Illinois, *and who is unable to appear in said Court, in the matter of the* registration of his birth *of* John Wesley Phelps, *now a resident of* Moline (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* John Wesley Phelps *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* John Wesley Phelps, *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* 5th *day of* March, *19* 43.

(SEAL)

John W. Dailey
Judge and ex-officio Clerk of the Probate Court

DEPOSITION OF JOHN WESLEY PHELPS

In the Matter of the Registration of Birth *of* John Wesley Phelps

Case No. A-477

DEPOSITION

I, Carl H. Wilson, *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* John Wesley Phelps *in the matter of the* registration of birth *of* John Wesley Phelps, *now a resident of* City of Moline (City or Village), Rock Island (County), Illinois (State), *do hereby certify that in pursuance of said commission, I caused the said* John Wesley Phelps *to come personally before me at* Room 306 Moline National Bank Building, Moline, 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* John Wesley Phelps, *testified as follows:*

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RECORD OF COMMISSION TO TAKE DEPOSITION—REGISTRATION OF BIRTHS

John Wesley Phelps, *the undersigned, being first duly sworn according to law to tell the truth, the whole truth and nothing but the truth, so help me God hereby swears that* John Wesley Phelps *was born in* Union *County, Ohio; that* he is *now a resident of* The City of Moline (City or Village) Rock Island (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) Broadway (City) (Village) (Township)

(c) Name of hospital or institution:

(If not in hospital or institution give street number or location)

(d) Mother's stay before delivery:

In hospital or institution..... In this community yes (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 Phelps (Surname) John (First) Wesley (Middle)

4. Date of birth Oct. 14, 1887 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet none; If so—born 1st, 2d, or 3rd none

7. Number months of pregnancy 9

8. Mother married? yes

FATHER OF CHILD

9. Full name Phelps (Surname) John (First) Steward (Middle)

10. Color or race white 11. Age at time of this birth 32 yrs.

12. Birthplace Bellefountain (City, town, or county) Ohio (State or foreign country)

13. Usual occupation Farmer

14. Industry or business Producer

MOTHER OF CHILD

15. Full maiden name Tilda Lowry (Surname) (First) (Middle)

16. Color or race white 17. Age at time of this birth 28 yrs.

18. Birthplace Broadway (City, town, or county) Ohio (State or foreign country)

19. Usual occupation housewife

20. Industry or business

21. Children born to this mother before this birth:

(a) How many other children of this mother were living? two

(b) How many other children were born alive but were then dead? none

(c) How many children were born dead? none

22. Attending Physician or Midwife

Name none

Address

M.D., midwife, or other

Answers must be given as of date of delivery of applicant

further Affiant swears *that the registration of* his *birth* is not recorded

John Wesley Phelps

CERTIFICATE

I hereby certify that the foregoing was reduced to writing by me, in the presence of John Wesley Phelps *the* Applicant *herein, and was subscribed by* him *in my presence, on this* 7th *day of* April, 19 43.

In Testimony Whereof, I have hereunto set my hand, at Moline, Illinois ~~Ohio~~, *this* 7th *day of* April, 19 43

(SEAL)

Carl H. Wilson
Commissioner

Commissioner's Fee - - - - $

Witness..... Fees - - - - $

Total $