

NAME Clarence LeRoy Alexander No. 748
 DATE BORN March 16-1927 DATE REC'D 2-26-30
 FATHER Unknown: LIVING DEAD
 ADDRESS Unknown:
 MOTHER Frances Alexander LIVING DEAD
 ADDRESS Marysville, O. Grove St.
 REC'D FROM J.C. TWP. OR CITY Marysville-Union CO. A.

* MALE
 FEMALE
 PROT.
 R.C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 * Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	<u>2-7</u> <u>1930</u>	<u>Per.</u>					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Said child is an illegitimate-the mother has no
support of same:

NAME JUNIOR ALEXANDER

No. 749

DATE BORN 1-17-30

DATE REC'D 2-23-32

FATHER Unknown

LIVING DEAD

ADDRESS -

MOTHER Francis Alexander

LIVING ~~DEAD~~*

ADDRESS Marysville, O.

REC'D FROM Welfare Dept. TWP. OR CITY

CO. A.

* MALE
* FEMALE
* PROT.
R. C.
JEW
COLORED
* WHITE
ILLEG.
Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	2/23/32	Per.					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father unknown, Mother no home or means to support
said child, received from Welfare Department,
Columbus, O.

NAME **Joan Allemang** No. **880**
 DATE BORN **11-28-29** DATE REC'D **10-16-33**
 FATHER **Randall Allemang** LIVING ~~DEAD~~
 ADDRESS **Unknown:**
 MOTHER **Esther Oldaker** LIVING ~~DEAD~~
 ADDRESS **New Dover, O.**
 REC'D FROM **Dover** TWP. OR CITY **Dover** CO. **O.**

MALE
 * FEMALE
 * PROT.
 R. C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 A. Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	10/16/33	Temp.					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father divorced: Mother at the present time
caccot support said children:

NAME **John D. Allemang**No. **880**DATE BORN **2-16-27**DATE REC'D **10-16-33**FATHER **Randall Allemang**LIVING ~~DEAD~~ADDRESS **Unknown:**MOTHER **Esther Oldaker**LIVING ~~DEAD~~ADDRESS **New Dover, O.**REC'D FROM **Dover**

TWP. OR CITY

CO.

A.

* MALE
 FEMALE
 * PROT.
 R. C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			
				By Fath.	By Moth.	By Guard.	TERMS
Committed by Juv. Court	10/16/33	Temp.					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

**Father divorced: Mother at the present time
 cannot support said children:**

NAME **Katheryn J. Allemang**No. **880**DATE BORN **6-13-24**DATE REC'D **10-16-33**FATHER **Randall Allemang**LIVING ~~DEAD~~ADDRESS **Unknown:**MOTHER **Esther Oldaker**LIVING ~~DEAD~~ADDRESS **New Dover, O.**REC'D FROM **Dover**

TWP. OR CITY

CO.

MALE
 * FEMALE
 * PROT.
 R. C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 A Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	10/16/33	Temp.					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father divorced: Mother at the present time**cannot support said children:**

NAME **Richard Carlyle Allemang** No. **880**
 DATE BORN **7-26-21** DATE REC'D **10-16-33**
 FATHER **Randall Allemang** LIVING **DEAD**
 ADDRESS **Unknown:**
 MOTHER **Esther Oldaker** LIVING **DEAD**
 ADDRESS **New Dover, O.**
 REC'D FROM **Dover** TWP. OR CITY CO.

* MALE
 FEMALE
 * PROT.
 R. C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 * Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	10/16/33	Temp.					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

**Father Divorced: Mother at the present time cannot
 Support Said Children:**

	DATE	WITH WHOM	ADDRESS
PLACED	9/9/35	Aaron Noteman	Plain City, O.
RETURNED		Order Probate Judge.	
REPLACED			
RETURNED	9/1/37	Children released to mother, Temp. com.	
REPLACED		exp. period,	
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
'35	m + s.	Very good home. Boy well			contented doing well in school.
'36	.. ..	.. ..			Doing well in school.
'37	.. ..	.. ..			Boy visited the home & was contented & happy.

INSTITUTION AND AGENCY CARD

1. Name of child..... Amerine - Curtis Richard 2. Date accepted..... Dec 3, 1941 3. Case No. 1135
4. Status of case: Reopened: Case last closed..... Reopened: Case last closed.....
New prior to this year..... within this year..... 5. Religion: Prot. R. C. G. C. Jew Other..... None
6. Race: W N O..... 7. Sex: M F 8. Date of birth..... 9-2-37 Verified: Y N 9. Place of birth..... Maysville O
10. Received from: Juvenile Court Union County Maysville O State or country.....
Temporary Permanent Temporary Permanent Voluntary
commitment..... commitment..... surrender..... surrender..... agreement.....
11. How received: Commitment..... Permanent Voluntary
commitment..... surrender..... agreement.....
12. Name of father..... Claude Leroy Amerine 13. Address..... Maysville O. R. R. #5
14. Name of mother..... Mae M. E. Whort - Amerine 15. Address..... deceased
16. Name of other guardian..... 17. Address.....
18. Whereabouts of child when accepted..... with father 19. Status of child's parents when accepted..... mother deceased
20. Whereabouts of child's parents when accepted: { Father..... Re-married
Mother..... deceased
21. Assistance received by household: { At time of acceptance.....
Within last two years.....
22. Notes:

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Insti- tution	j. Financial Care	k. Super- vision	l. Closed
	with parents	Marquette, O	X								
	Mr. Mrs. Claude Amine.										
	joined Navy.	Inactive care									

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

.....

.....

.....

4. Changes in source of support (Give date and source)

.....

.....

.....

INSTITUTION AND AGENCY CARD

1. Name of child Arman - Walter 2. Date ^{Readmitted 5-17-1950} accepted 8-19-1940 3. Case No. 1093

4. Status of case: Reopened: Case last closed prior to this year. Reopened: Case last closed within this year. 5. Religion: Prot. R. C. G. C. Jew Other None

6. Race: W N O 7. Sex: M F 8. Date of birth 3-16-37³⁶ 9. Place of birth Union Co., O Verified: Y N

10. Received from: Juvenile Court County Union Co. Ohio State or country Ohio

11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement

12. Name of father Robert Arman 13. Address Marysville O

14. Name of mother Erna Corgray - Arman 15. Address deceased.

16. Name of other guardian _____ 17. Address -

18. Whereabouts of child when accepted with father + grandmother 19. Status of child's parents when accepted mother deceased

20. Whereabouts of child's parents when accepted: { Father Living in boarding house in Marysville O

{ Mother deceased

21. Assistance received by household: { At time of acceptance None

{ Within last two years "

22. Notes: Walter was read to Home on May 17, 1950. Had become delinquent & was causing a lot of trouble in town. Father had remarked a couple of times. Walter had no supervision & was left on his own most of time.

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super-vision	l. Closed
12/24-1940	Mr. Mrs Henry Asman	Mayville O.		X							X
1952	Mrs Barbara Asman	.. .. .		X						X	
1954	With Mrs Barbara Asman Mr Robert Asman	.. .. .									X

2. Reason for closing. Ordered by juvenile Court.

3. Changes in guardianship (Give date and type)

12-24-1940 - Grandparents
1954 - Case closed

4. Changes in source of support (Give date and source)

Released from custody of G.H. Home.

NAME *Charles Bailey* NO. *517*
 DATE BORN *7/25/1915* DATE REC'D. *9/11/23*
 FATHER *Chas. Bailey* LIVING-DEAD
 ADDRESS *Unknown*
 MOTHER *Lillian Turner Bailey* LIVING-DEAD
 ADDRESS *Columbus Ohio*
 REC'D FROM *Marysville O.* TWP. OR CITY *Union* CO. *O.*

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct. <input checked="" type="checkbox"/>	<i>9/11/23</i>						
Admitted by Trustees or Managers							
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

*Father & mother separated;
 Father fails to support family*

NAME *Marguerite Bailey* NO. *516*
 DATE BORN *6-10-1911* DATE REC'D. *9-11-23*
 FATHER *Chas Bailey* LIVING-DEAD
 ADDRESS *Unknown*
 MOTHER *Lillian Turner Bailey* LIVING-DEAD
 ADDRESS *Columbus, Ohio*
 REC'D FROM _____ TWP. OR CITY _____ CO. _____

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>9/11/23</i>						
Admitted by Trustees or Managers							
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Parents separated, Father Unknown, Mother Working away.

	DATE	WITH WHOM	ADDRESS
PLACED	7/1/24	mother	Union Co.
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			

Discharged
LEGAL Age

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
4/24/23	M.	Fair Home			

INSTITUTION AND AGENCY CARD

1. Name of child: Barlow, Ronald William 2. Date accepted: 11-27-41 3. Case No. 1116

4. Status of case: Reopened: Case last closed: New X prior to this year. Reopened: Case last closed: within this year. 5. Religion: Prot. R. C. G. C. Jew Other None

6. Race: W N O 7. Sex: M F 8. Date of birth: 2-3-38 9. Place of birth: Waysville, O

10. Received from: Juvenile Court, Union County: _____ State or country: _____

11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement

12. Name of father: Barlow - Charles 13. Address: ?

14. Name of mother: Barlow - Violet Jean 15. Address: _____

16. Name of other guardian: _____ 17. Address: _____

18. Whereabouts of child when accepted: grandmother Jean 19. Status of child's parents when accepted: divorced

20. Whereabouts of child's parents when accepted: { Father: ?
Mother: ?

21. Assistance received by household: { At time of acceptance: _____
Within last two years: _____

22. Notes: Mother remarried moved to Cal. Placed boys with her. Had to bring Ronnie back after a few months. Mother says she cannot get along with him or handle him properly.

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- visitor	l. Closed
1949	Mother	Columbus, O	X							X	
1949	Returned to Home after a few months.										
1950 5-5-50	Placed with parents - Marysville, O. Barnes Rd.									X	
?	Moved to Marion										
	Moved to Ind. (Fort Wayne) - moved to Delaware, O.										
5-3	Left by mother at Mt + Mrs Rutles Union Ch										
6/6-4	Placed by Union Co. Welfare	[Delaware, O]									
2 Reason for	Board in the home of Mr + Mrs Fred Neitz, Allen Center										
3. Changes in guardianship (Give date and type)	Guardianship reassumed by Child Welfare Board.										
4. Changes in source of support (Give date and source)	Ohio										

NAME **William Edward Beeney**No. **778**

*MALE

DATE BORN **3-12-21**DATE REC'D **10-21-30**

*

FEMALE

FATHER **Ed N. Beeney**

LIVING

~~DEAD~~

* PROT.

ADDRESS **Richwood, O.**

R. C.

MOTHER **Laura Beeney**

LIVING

~~DEAD~~

JEW

ADDRESS **County Home-Union Co.**

COLORED

REC'D FROM **Richwood**

TWP. OR CITY

Union

CO.

*WHITE

ILLEG.

A. Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	10-21-30	Yes	Perm.				
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

No suitable home-Mother in Union Co. Home, Father unable to work and provide suitable home for said child

NAME *Bell, Charles Edward* NO.
 DATE BORN *5-9-07* DATE REC'D *11-3-15*
 FATHER *Chas. Herbert Bell.* LIVING-DEAD
 ADDRESS
 MOTHER *May Myers Bell* LIVING-DEAD
 ADDRESS
 REC'D FROM *Peoria* TWP. OR CITY **UNION** CO.
 MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers	<i>11-3-15</i>						
Surrendered by <input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Parents separated

	DATE	WITH WHOM	ADDRESS
PLACED	12-10-15	G. E. Morris	Delaware, O.
RETURNED	3-25-16		
REPLACED	9-30-17	Silas Bell (No relation)	Ostrander, O. RFD#20
RETURNED			
REPLACED	Discharged because of Legal Age.		
RETURNED	Jan. 1929		
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
10-5-17	Norman Bown				Charles E Bell
8-8-18	Mr. Bown	Good home.			working at New
11-10-19	" "	" "			Central Hotel -
6-9-20	Supt.	Good.			Mary Maysville
5-26-24	Matron	Fair			Ky. when Home
11/12/28	Supt. + Matron				visited 11/12/28.
					owns own machine
					Piano, etc. Silas Bell is
					is still home

NAME *Layton Black.* NO. MALE
 DATE BORN *12 18. '09* DATE REC'D *3-14-1921* FEMALE
 FATHER *Edward Black.* ~~LIVING-DEAD~~ PROT.
 ADDRESS *Dead* R. C.
 MOTHER *Nellie Collins Black* LIVING-DEAD JEW
 ADDRESS *Springfield Ohio.* COLORED
 REC'D FROM *Taylor Sp* TWP. OR CITY **UNION** ILLEG.
 CO. *A* Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>3-14-21</i>	<i>X</i>	<i>X</i>				
Admitted by Trustees or Managers							
Surrendered by ^{Father} Mother							

CAUSE OF DEPENDENCY

Father dead. Mother poor.

INSTITUTION AND AGENCY CARD

1. Name of child Blue - Lelores Loree 2. Date accepted 2-13-46 3. Case No. 1212

4. Status of case: Reopened: Case last closed Reopened: Case last closed New prior to this year within this year 5. Religion: Prot. R. C. G. C. Jew Other None

6. Race: W N O 7. Sex: M F 8. Date of birth 9-7-37 9. Place of birth Verified: Y N

10. Received from: Juvenile Court County Union State or country

11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement

12. Name of father Blue - Gerald S 13. Address Marquette, O

14. Name of mother Blue - Pearl Johnson 15. Address " "

16. Name of other guardian 17. Address

18. Whereabouts of child when accepted with mother 19. Status of child's parents when accepted separated & div.

20. Whereabouts of child's parents when accepted: { Father Remarried & living in Marquette
Mother Living on N. Maple St. with children

21. Assistance received by household: { At time of acceptance
Within last two years

22. Notes: Father was paying mother \$7.6 per mo. for care of children. Mother was found to be neglecting children & was taken into court - deprived of their care.

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
1951	Grandmother	Mrs Wm. Johnson Bellfontaine Road Naperville, O		X							X
	Sept. Case Closed.										

2. Reason for closing.. Order of Child Welfare Board

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

Mother remarried - Board is of the opinion relatives
~~should~~ can & should take responsibility of children
 financially & otherwise.

INSTITUTION AND AGENCY CARD

1. Name of child: Blue - Larry Douglas 2. Date accepted: 2-18-45 3. Case No. 1212

4. Status of case: Reopened: Case last closed _____ Reopened: Case last closed _____
New prior to this year _____ within this year _____ 5. Religion: Prot. R. C. G. C. Jew Other _____ None

6. Race: W N O _____ 7. Sex: M F _____ 8. Date of birth: 9-18-42 9. Place of birth: Manzville, O.

10. Received from: Juvenile Court County: Union State or country: _____

11. How received: Temporary commitment Permanent commitment _____ Temporary surrender _____ Permanent surrender _____ Voluntary agreement _____

12. Name of father: Blue - Gerald S. 13. Address: Manzville, O.

14. Name of mother: Blue - Beora Johnson 15. Address: _____

16. Name of other guardian: _____ 17. Address: _____

18. Whereabouts of child when accepted: with mother 19. Status of child's parents when accepted: Separated

20. Whereabouts of child's parents when accepted: { Father: Remarried + living in Manzville O.
Mother: N. Maple St.

21. Assistance received by household: { At time of acceptance _____
Within last two years _____

22. Notes: See below: card.

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
	Mrs Wm Johnson	Maysville, O		X						X	X
12-26-47	Returned to Ch. Home	blk. 9947						X			
1948	Foster Home.	See file -									
1950	Returned to Ch. Home.										
8-6-50	Placed with grandparents	Maysville, O									XX

2. Reason for closing

Care closed Order of Child Welfare Board

3. Changes in guardianship (Give date and type)

Mother remarried. See below: card for explanation

4. Changes in source of support (Give date and source)

INSTITUTION AND AGENCY CARD

1. Name of child Blue - Robert 2. Date accepted 2-13-45 3. Case No. 1212
4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year within this year 5. Religion: Prot. R. C. G. C. Jew Other None
6. Race: W N O 7. Sex: M F 8. Date of birth 12-30-38 Verified: Y N 9. Place of birth Marysville, O. State or country
10. Received from: Juvenile Court County Union
11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement
12. Name of father Blue - Gerald S 13. Address Marysville, O.
14. Name of mother Blue - Leona Johnson 15. Address " "
16. Name of other guardian 17. Address
18. Whereabouts of child when accepted With mother 19. Status of child's parents when accepted Separated
20. Whereabouts of child's parents when accepted: { Father Remarried + living in Marysville
Mother N. Maple St. Marysville
21. Assistance received by household: { At time of acceptance
Within last two years
22. Notes: See Hellos' card.

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
	Mrs Wm Johnson	Maysville, O		X						X	X
12-26-47	Returned to Ch. Home							X			
1949	Placed with father -	Maysville, O.								X	
	Home satisfactory.										

2. Reason for closing.

Good home.

3. Changes in guardianship (Give date and type)

Father - Jan. 1951 -

4. Changes in source of support (Give date and source)

Father - 1949.

NAME **INA BLUMENSCHHEIN** No. **849**
 DATE BORN **10-8-21** DATE REC'D **11-22-32**
 FATHER **Geo. Wm. Blumenschein** ~~DEAD~~ DEAD
 ADDRESS **Deceased**
 MOTHER **Josephine** LIVING ~~DEAD~~
 ADDRESS **635 E. 6th. St. Marysville, O.**
 REC'D FROM **Marysville** TWP. OR CITY CO.

MALE
 * FEMALE
 * PROT.
 R. C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 Nationality
 * A.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	11/22/32						
Admitted by Trustees or Managers							
- Surrendered by Father Mother		Temp:					

CAUSE OF DEPENDENCY

The Father is deceased, and the mother at the present
 time cannot support said children:

NAME **NINA BLUMENSCHIEIN** No. **849**
 DATE BORN **10-8-21** DATE REC'D **11-22-32**
 FATHER **Geo. Wm. Blumenschien** **Dying** DEAD
 ADDRESS **Deceased:**
 MOTHER **Josephine** LIVING **Dead**
 ADDRESS **635 E. 6th. St. Marysville, O.**
 REC'D FROM **Marysville** TWP. OR CITY **Union** CO.

MALE
 * FEMALE
 * PROT.
 R. C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 Nationality
 * **A.**

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			
				By Fath.	By Moth.	By Guard.	TERMS
Committed by Juv. Court	11-22-32						
Admitted by Trustees or Managers		Temp:					
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

The Father is deceased, and the mother at the present time cannot support said children:

NAME	WILBUR BLUMENSCHWEIN		No.	849	* MALE
DATE BORN	4-25-27	DATE REC'D	11-22-32		* FEMALE
FATHER	Geo. Wm. Blumenschein	LIVING	DEAD		* PROT.
ADDRESS	Deceased:				R. C.
MOTHER	Josephine	LIVING	DEAD		JEW
ADDRESS	635 E. 6th. St. Marysville, O.				COLORED
REC'D FROM	Marysville	TWP. OR CITY	Union	CO.	* WHITE
					ILLEG.
					* Nationality
					* A.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	11/22=32						
Admitted by Trustees or Managers		Temp:					
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

The Father is deceased, and the mother at the present time cannot support said children:

NAME Harry Junior Boden

No. 752

DATE BORN 11-12-26

DATE REC'D 3-19-30

FATHER Harry Boden

LIVING

DEAD

ADDRESS Unknown

MOTHER Iva Meadows

LIVING

DEAD

ADDRESS Marysville, O.

REC'D FROM Rosedale

TWP. OR CITY Madison

CO. A.

* MALE
 FEMALE
 PROT.
 R.C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	3-19-30	Temp.			Yes		\$1.50 per
Admitted by Trustees or Managers							week:
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Boden whereabouts unknown-Mother at present time
 cannot furnish home for said children:

Name **Kathryn Brodrick** Date rec'd **11/7/33**

Birth date **2/22/19** Birthplace **Woodstock**

Legal residence: State **Ohio** County **?** City

Father **Nickolas Brodrick** Address **Marysville, O.**

Mother **Marie** " " Address " "

Father
Step Mother Address

Occurrence: New ***** Old Recurrent

Legal Status: Permanent **No Commitment:** Temporary Court committed

Surrendered by-Father Mother No surrender

Otherwise (specify)

Received for aid or service: with change of domicile *****

without change of domicile

Support by: County ***** City

Parents: In full Partial

Otherwise (specify)

M. *F.
*W. C.
*Protestant
Catholic
Jewish
Legitimate
Illegitimate
Foundling
Nationality
Rus Fa.
Mo.
*Dependent
Neglected
Delinquent
Crippled
Defective
mentally
Mother's aid
Father dead
Mother dead
Full orphan
Fa. deserted
Mo. deserted
Divorced
Separated
Fa. in Insti.
Mo. in Insti.
No support
Broken home
Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Rela- tives	Own home	Board home	Free home	Wage home	Insti- tution	Financ. care	Super- vision	Dis- charged
9/4/38	Elwood Sawyer	Walt Marysville					X				
9/19/38	" "	" "					X				
11/1/39	Gayman Sander	Marysville R. 55					X				
40	discharged	legal age									

√	At Acceptance child living with	Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.
	<ul style="list-style-type: none"> Both parents Father Mother Father and step mo. Mother and step fa. Relatives Institution Other (specify) 	

Name **WILLIAM SMITH BRODRICK** Date rec'd **7/2/37**

Birth date **2/3/24** Birthplace **Unionville Ctr.**

Legal residence: State **Ohio** County **?** City **?**

Father **Nick Brodrick** Address **Marysville, O.**

Mother **Marie Mullen Brod.** Address **Work House-Col.**

Father
Step Mother Address

Occurrence: New..... Old *..... Recurrent.....

Legal Status: Permanent..... Temporary *..... Court committed *.....

Surrendered by-Father..... Mother..... No surrender.....

Otherwise (specify)

Received for aid or service: with change of domicile

without change of domicile

Support by: County *..... City.....

Parents: In ~~Inst.~~ **Com. Papers** Partial
\$2.00 per week. Father

Otherwise (specify)

M. F.
W. C.
Protestant
Catholic
Jewish
Legitimate
Illegitimate
Foundling
Nationality
Fa.
Mo.

Dependent
Neglected
Delinquent
Crippled
Defective
mentally
Mother's aid

Father dead
Mother dead
Full orphan
Fa. deserted
Mo. deserted
Divorced
Separated
Fa. in Insti.
Mo. in Insti.

No support
Broken home
Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Rela- tives	Own home	Board home	Free home	Wage home	Insti- tution	Financ. care	Super- vision	Dis- charged
12/17/42	Army.	Waynesville, N.C.				X				X	
8											
2-43											
45	Killed in Action: In Belgium. Would have been 20 years old.										

√	At Acceptance child living with	Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.
	Both parents Father Mother Father and step mo. Mother and step fa. Relatives Institution Other (specify)	

NAME	Cora Belle Brown		No.	757	MALE
DATE BORN	5-21-24	DATE REC'D	5-9-30		* FEMALE
FATHER	Eltie Brown	LIVING			* PROT.
ADDRESS	Milford Center				R.C.
MOTHER	Emily Belle (Paver)	LIVING			JEW
ADDRESS	Milford Center, O.				COLORED
REC'D FROM	J.C. Union	TWP. OR CITY	Milford Center, Union Co.		* WHITE
					ILLEG.
					Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	5-9-30	Temp.					
Admitted by Trustees or Managers							
Surrendered by Father Mother							

CAUSE OF DEPENDENCY

Father is sick and unable to work; mother not in condition to work at present.

Both in Infirmary at present:

Name John Henry Brown Date rec'd 7-2-36

Birth date 5-17-33 Birthplace Union Co. Home

Legal residence: State G. County Union City

Father Unknown: Address

Mother Belle Brown Address Union Co. Home

Father
Step Mother Address

Occurrence: New * Old Recurrent

Legal Status: Permanent Temporary * Court committed *

Surrendered by—Father Mother No surrender

Otherwise (specify)

Received for aid or service: with change of domicile

without change of domicile

Support by: County * City

Parents: In full Partial

Otherwise (specify)

- * M. F.
- * W. C.
- * Protestant
- Catholic
- Jewish
- Legitimate
- * Illegitimate
- Foundling
- Nationality
- Fa.
- Mo.

- * Dependent
- Neglected
- Delinquent
- Crippled
- Defective
- mentally
- Mother's aid

- Father dead
- Mother dead
- Full orphan
- Fa. deserted
- Mo. deserted
- Divorced
- Separated
- Fa. in Insti.
- Mo. in Insti.

- * No support
- Broken home
- Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Relatives	Own home	Board home	Free home	Wage home	Institution	Financ. care	Super-vision	Dis-charged
5/5/38 31	E. M. Lightner	Marysville R. D.				X				X	

At Acceptance child living with	Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.
Both parents	6-38 - visited for home. Boy very happy.
Father	7-39 " " " " Fa. ill, but everything else satisfactory
Mother	9-40 " " " " Boy in school. talked with teacher. noticeable.
Father and step mo.	40 - Family moved to Marysville see p. every week. has papers with.
Mother and step fa.	43 - " " " " edge of town have nice place small garden etc.
Relatives	
Institution	
Other (specify)	

NAME **Brown-Margaret Ilene**No. **858**

MALE

* FEMALE

DATE BORN **8-21-19**DATE REC'D **4-1-33**

* PROT.

FATHER **Wm. Walter Brown**

LIVING

~~DEAD~~

R. C.

ADDRESS **Unionville Ctr. 0.**

JEW

MOTHER **Blanche Gertrude Mosier Brown**

LIVING

~~DEAD~~

COLORED

ADDRESS **Plain City, 0.**

* WHITE

ILLEG.

REC'D FROM **Unionville Ctr. TWP. OR CITY****Union**

CO.

A Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	4-1-33	Temp.					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

**Separated-Neither the father nor the mother are able
at this time to furnish said children with a home, food
and proper clothing, because of lack of means and
inability to secure employment.**

NAME Mary Louise BrownNo. 757DATE BORN 7-11-22DATE REC'D 5-9-30FATHER Eltie Brown

LIVING

DEAD

ADDRESS Milford CenterMOTHER Emily Belle (Paver)

LIVING

DEAD

ADDRESS Milford Center, O.REC'D FROM J.C. Union TWP. OR CITY Milford Center CO. Union Co.
 MALE
 * FEMALE
 * PROT.
 R.C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 A *Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	<u>5-9-30</u>	<u>Temp.</u>					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father is sick and unable to work; mother not in condition to work at present.

	DATE	WITH WHOM	ADDRESS
PLACED	8/23/34	Mrs John M ^c Millen	Richwood, O.
RETURNED		Mrs M ^c Millen died Mar. 17. 39	
REPLACED		Transferred to Mr & Mrs Wm T. Letcher	Mar. 19-39
RETURNED	7/1-1939	Union Co. Ch. Home	Marysville O.
REPLACED	7/3-1942	Dr Callaway	" "
RETURNED	4/1-1942	Ch. Home	" "
REPLACED	5/1-1942	Chas. Demarest	Delaware "
RETURNED		Legal age - her charge.	

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
9/24/35	M. A. S.	Satisfied	'36	M. A. S.	Both satisfied.
7/9/37	M. A. S.	OK			
12-37	" "	" "			
6-38	" "	" "			Very fine home
3/20-39	Mation	Fair home. will leave girl until end of school term.			
1941	"	A-1 Home - Callaway's.			
4-43		Working at Hazards in Cal. doing fine.			

NAME **Brown- Myrtle Emma** No. **858**
 DATE BORN **1-1-21** DATE REC'D **4-1-33**
 FATHER **Wm. Walter Brown** LIVING ~~DEAD~~
 ADDRESS **Unionville Ctr., 0.**
 MOTHER **Blanche Gertrude Mosier** LIVING ~~DEAD~~
 ADDRESS **Plain City, 0.**
 REC'D FROM **Unionville Ctr.** TWP. OR CITY **Union** CO.

MALE
 * FEMALE
 * PROT.
 R. C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 A Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			
				By Fath.	By Moth.	By Guard.	TERMS
Committed by Juv. Court	4-1-33	Temp.					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

Separated-Neither the father or the mother are able at this time to furnish said children with a home, food, and proper clothing, because of lack of means and inability to secure employment:

NAME	Brown- William Lutrelle		No.	808
DATE BORN	11-7-22	DATE REC'D	4-1-33	
FATHER	Wm. Walter Brown	LIVING	DEAD	
ADDRESS	Unionville Ctr..0.	Brown		
MOTHER	Blanche Gertrude Mosier	LIVING	DEAD	
ADDRESS	Plain city, 0.			
REC'D FROM	Unionville Ctr	TWP. OR CITY	Union	CO.

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	4-1-33	Temp.					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

Separated-

CAUSE OF DEPENDENCY

Neither the father nor the mother are able at

his time to furnish said children with a home, food and proper clothing, because of lack of means and inability to secure employment.

NAME *Harley Ray Bumgarner* No. _____
 DATE BORN *1-31-1920* DATE REC'D. *3-31-26*
 FATHER *Living* LIVING-DEAD _____
 ADDRESS *Unknown*
 MOTHER *Living* LIVING-DEAD _____
 ADDRESS *Employed, at County Home*
 REC'D FROM _____ TWP. OR CITY *Marysville W. CO.* Nationality _____

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>3-31-26</i>						
Admitted by Trustees or Managers							
Surrendered by Father Mother	<i>Mother</i>						

CAUSE OF DEPENDENCY

Father & mother Separated.

NAME Mable J. Burchem No. 752 * MALE
 * FEMALE
 DATE BORN Feb. 3rd. 1921 DATE REC'D 3-19-30 * PROT.
 FATHER Irwin Burchem ~~LIVING~~ DEAD R.C.
 ADDRESS Deceased JEW
 MOTHER Iva Meadows LIVING ~~DEAD~~ * COLORED
 ADDRESS Marysville, O. * WHITE
 REC'D FROM Rosedale TWP. OR CITY Madison CO. A * ILLEG.
 * Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	<u>3-19-30</u>	<u>Temp.</u>			<u>Yes</u>		<u>\$1.50 Ea.</u>
Admitted by Trustees or Managers							<u>per week.</u>
Surrendered by ^{Father} Mother							<u>\$4.50 total</u>

CAUSE OF DEPENDENCY

for 3 children

Burchem deceased-Boden whereabouts unknown, Mother at
present time cannot furnish home for said children:

NAME Nellie BurchemNo. 752DATE BORN 2-17-24DATE REC'D 3-19-30FATHER Irwin Burchem

LIVING

DEAD

ADDRESS DeceasedMOTHER Iva Meadows

LIVING

DEAD

ADDRESS Marysville, O.REC'D FROM Rosedale

TWP. OR CITY

Madison

CO.

 * MALE
 * FEMALE
 PROT.
 R.C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 A Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	<u>3-19-30</u>	<u>Temp.</u>			<u>Yes</u>		<u>\$1.50 per week</u>
Admitted by Trustees or Managers							
Surrendered by Father Mother							

CAUSE OF DEPENDENCY

Burchem Deceased-Boden whereabouts unknown-Mother at present time cannot furnish home for said children:

Callwell INSTITUTION AND AGENCY CARD

1. Name of child *Caldwell - Betty* 2. Date accepted *6-30-44* 3. Case No. *1193*

4. Status of case: Reopened: Case last closed *New* prior to this year Reopened: Case last closed within this year 5. Religion: Prot. R. C. G. C. Jew Other None

6. Race: *W* N O 7. Sex: M *F* 8. Date of birth *11-29-27* 9. Place of birth Verified: Y N

10. Received from: *Juvenile Court* County *Union - Ohio* State or country

11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement

12. Name of father 13. Address *Deceased*

14. Name of mother *Callwell - Ava* 15. Address *Mansville, O*

16. Name of other guardian 17. Address

18. Whereabouts of child when accepted *Living with mother* 19. Status of child's parents when accepted *father deceased*

20. Whereabouts of child's parents when accepted: { Father *Deceased* Mother *Living at Home - Walnut St.*

21. Assistance received by household: { At time of acceptance *A. D. C.* Within last two years *Relief.*

22. Notes: *Mother could not control Betty + brought her before Judge Hailey, asking that she be sent to Delaware (G. I. S.) He felt it would be much better to give her a chance under strict supervision*

* send her to Ho. of Home.

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super-vision	l. Closed
	Mr & Mrs Tom James	Manayville, O.					X			X	

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

.....

.....

.....

4. Changes in source of support (Give date and source)

.....

.....

.....

INSTITUTION AND AGENCY CARD

1. Name of child Castle - Irene Bertha 2. Date accepted Oct 22, 40 3. Case No. 1091
4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year..... within this year..... 5. Religion: Prot. R. C. G. C. Jew Other..... None
6. Race: W N O..... 7. Sex: M F 8. Date of birth 7-27-27 Verified: Y N 9. Place of birth Union Co.
10. Received from: Juvenile Court County Union State or country
11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement
12. Name of father Wingfield Castle 13. Address He.
14. Name of mother Grace Edwards - Castle 15. Address Irwin O.
16. Name of other guardian..... 17. Address.....
18. Whereabouts of child when accepted with mother 19. Status of child's parents when accepted Fa deceased
20. Whereabouts of child's parents when accepted: { Father deceased
Mother Working away from home
21. Assistance received by household: { At time of acceptance.....
Within last two years.....
22. Notes: Mother was unable to keep children even with A.D.C.

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super-vision	l. Closed
			<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>

2. Reason for closing..... Order of juvenile judge Daily.....

3. Changes in guardianship (Give date and type)

Mrs Grace Boggs Mather
 London, D.
 R.R. 3.

4. Changes in source of support (Give date and source)

Mather assumed support
 March 7, 1941

NAME *L* ¹ Carl A. Caukins No. 473. * MALE
 DATE BORN Jan 30. 1908. DATE REC'D Oct 24. 1922. FEMALE
 FATHER E.A. Caukins. * LIVING-DEAD * PROT.
 ADDRESS Plain City. Ohio. R.F.D. R. C.
 MOTHER Lacy A. McComas. LIVING-DEAD JEW
 ADDRESS deceased, * WHITE
 REC'D FROM Plain City. O. TWP. OR CITY UNION CO. A ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.		X					
Admitted by Trustees or Managers							
Surrendered by ^{Father*} Mother							

CAUSE OF DEPENDENCY

Mother deceased,

NAME Charles K. Caulkins; NO. 474. * MALE
 DATE BORN April 15. 1911. DATE REC'D Oct 24. 1922. FEMALE
 FATHER Evered A. Caulkins, (LIVING) DEAD * PROT.
 ADDRESS Plain City, R.F.D. Ohio. R. C.
 MOTHER Lacy Ann. McComas, LIVING (DEAD) * JEW
 ADDRESS deceased, * COLORED
 REC'D FROM Plain City. 0 TWP. OR CITY UNION CO. A * WHITE
 ILLEG. Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.		X					
Admitted by Trustees or Managers							
Surrendered by Mother ^{Father G*}							

CAUSE OF DEPENDENCY

Mother deceased, and no one to care for children in Home.

	DATE	WITH WHOM	ADDRESS
PLACED			
RETURNED	5-6-23	E A Caulkins	Plain City OR
REPLACED			
RETURNED			Order of Court
REPLACED			
RETURNED		<u>DISCHARGED - Legal Age</u>	
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
1/26/24	Walter	Fair			

NAME Hazel Annabell Caulkins,

NO. 475.

DATE BORN Mar 9.1914.

DATE REC'D. Oct 24.1922.

FATHER E.A.Caulkins,

* LIVING-DEAD

ADDRESS Plain City. Ohio. R.F.D.

MOTHER Lacy A. McComas.

~~LIVING~~ DEAD)

ADDRESS Deceased,

REC'D FROM Plain City, Ohio, TWP. OR CITY

UNION

CO.

A

MALE
* FEMALE
* PROT.
R. C.
JEW
COLORED
X WHITE
ILLEG.
Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.		X					
Admitted by Trustees or Managers							
Surrendered by Father X Mother							

CAUSE OF DEPENDENCY

Mother deceased, and no one to care for Children in Home,

	DATE	WITH WHOM	ADDRESS
PLACED			
RETURNED	5-6-23.	Father	Plain City, O.
REPLACED			
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
1/26 th	Malrou	Home in Jan. Conn.			

NAME **Helen Louise. Caulkins,** NO. **476.** MALE
 DATE BORN **April 16th 1915.** DATE REC'D **Oct 24. 1922.** * FEMALE
 FATHER **Evered A. Caulkins,** * LIVING-DEAD * PROT.
 ADDRESS **Plain City, Ohio, R.F.D.** R. C.
 MOTHER **Lacy A. McComas,** LIVING-DEAD) JEW
 ADDRESS **deceased,** * WHITE
 REC'D FROM **Plain City, Ohio** TWP. OR CITY **UNION** CO. ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.		X					
Admitted by Trustees or Managers							
Surrendered by ^{Father *} Mother							

CAUSE OF DEPENDENCY

Mother deceased, no one to care for Children,
in Home,

	DATE	WITH WHOM	ADDRESS
PLACED			
RETURNED	5-6-23.	Father	Order of court.
REPLACED			
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
4-19-23	matron	Fair			
4-26-24.	"	"			

INSTITUTION AND AGENCY CARD

1. Name of child..... Chaffin Gerald Eugene 2. Date accepted..... 2-7-18-44 3. Case No. 1199

4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year..... within this year..... 5. Religion: Prot. R. C. G. C. Jew Other..... None

6. Race: W N O..... 7. Sex: M F 8. Date of birth 4-26-34 Verified: Y N 9. Place of birth Putne Co.

10. Received from: Juvenile Court County Union State or country.....
Temporary commitment Permanent commitment..... Temporary surrender..... Permanent surrender..... Voluntary agreement.....

11. How received: Temporary commitment..... Permanent commitment..... Temporary surrender..... Permanent surrender..... Voluntary agreement.....

12. Name of father Chaffin - Clark 13. Address Milford Center, O.

14. Name of mother Chaffin - Dorothy 15. Address Deceased

16. Name of other guardian..... 17. Address.....

18. Whereabouts of child when accepted with relatives 19. Status of child's parents when accepted.....

20. Whereabouts of child's parents when accepted: { Father Milford Ctr. O. works on county highway
Mother Deceased

21. Assistance received by household: { At time of acceptance.....
Within last two years.....

22. Notes: Boy had been living with relatives in Washington C.H.

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
2/6-48	John Campbell	Mayville, O.				X				X	
8-49	Mr Mrs Ralph Peet	Richwood "				X				X	
	Alicia Chaffin	Springfield "				X					X

2. Reason for closing

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

.....

.....

.....

NAME Reynold Cheney No. 592 * MALE
 DATE BORN Nov 6th 1911 DATE REC'D. April 1st 1925 FEMALE
 FATHER Wm F. Cheney ~~LIVING~~-DEAD * PROT.
 ADDRESS deceased R. C.
 MOTHER Florence Riley (formerly Cheyney) ~~LIVING~~-DEAD * JEW
 ADDRESS Claiborne, Ohio. COLORED
 REC'D FROM Claiborne TWP. OR CITY Union CO. A Nationality
 ILLEG.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers							
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Parents unable financially to give proper care to said Child

NAME	Edith Elizabeth Clark	No.	804	MALE
DATE BORN	8-7-21	DATE REC'D	8-13-31	*FEMALE
FATHER	Herbert J.A. Clark	LIVING	DEAD	*PROT.
ADDRESS	Deceased:			R. C.
MOTHER	Helen S. Fry-Clark	LIVING	DEAD	JEW
ADDRESS	State Hospital-Mt. Vernon			COLORED
REC'D FROM	Milford Center	TWP. OR CITY	Union	*WHITE
				ILLEG.
				Nationality
				A.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	8-13-31	Temp.					
Admitted by Trustees or Managers							
- Surrendered by Father Mother							

CAUSE OF DEPENDENCY

Father Deceased-Mother in State Hospital
Mt. Vernon

NAME

Paul Edward Clark

No.

804

DATE BORN

3-28-23

DATE REC'D

8-13-31

FATHER

Herbert J.A. Clark

LIVING

DEAD

ADDRESS

Deceased:

MOTHER

Helen S. Fry-Clark

LIVING

~~DEAD~~*

ADDRESS

State Hospital-Mt. Vernon

REC'D FROM

Milford Center TWP. OR CITY

Union

CO.

*MALE

FEMALE

*PROT.

R. C.

JEW

COLORED

*WHITE

ILLEG.

Nationality

A.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	8-13-31	Temp.					
Admitted by Trustees or Managers							
Father - Surrendered by Mother							

CAUSE OF DEPENDENCY

Father deceased-Mother in State Hospital

Mt. Vernon

NAME *Dallas D. Clerenger* NO. *482*
 DATE BORN *Oct. 7th 1915* DATE REC'D. *Dec. 16/22*
 FATHER *John J. Clerenger.* LIVING-DEAD
 ADDRESS *New California Ohio*
 MOTHER *Nancy Davis (Clerenger)* LIVING-DEAD
 ADDRESS *Deceased -*
 REC'D FROM *New California* TWP. OR CITY *Union* CO. *a* Nationality

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers							
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Mother deceased - Father unable to provide a home for family at present of propu. environment

	DATE	WITH WHOM	ADDRESS
PLACED	6/29/26	Mr & Mrs Chas Wilcox	New Hope, O.
RETURNED	8/2/26		
REPLACED	9/4/28	Daisy Koppert	Howard, O. R.D.
RETURNED	11/2/32	From " "	" "
REPLACED	5/2/32	Geo. Widders	Perehine Rd. Delaware, O.
RETURNED	9/7/32	From " "	" "
REPLACED	10/10/32	L.E. Beorger	Plain City, O. R.D.
RETURNED	12/5/32	From " "	" "
Replaced	6/22/33	avonel Fisher	Blacklick, O. R. 1

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
7/30/29	matron & supt.	Good Home - satisfied			
2/28/31	"	" satisfied			
11/27/31	M. & Supt	" "			

Name Dallas D Clevenger Date rec'd

Birth 10-7-15 Birthplace New California, O

Legal residence: State.....County.....City.....

Father.....Address.....

Mother.....Address.....

Father
Step Mother.....Address.....

Occurrence: New.....Old.....Recurrent.....

Legal Status: Permanent.....Temporary.....Court committed.....

Surrendered by-Father.....Mother.....No surrender.....

Otherwise (specify)

Received for aid or service: with change of domicile

without change of domicile

Support by: County.....City.....

Parents: In full.....Partial.....

Otherwise (specify).....

- M. F.
- W. C.
- Protestant
- Catholic
- Jewish
- Legitimate
- Illegitimate
- Foundling
- Nationality
- Fa.
- Mo.

- Dependent
- Neglected
- Delinquent
- Crippled
- Defective
- mentally
- Mother's aid

- Father dead
- Mother dead
- Full orphan
- Fa. deserted
- Mo. deserted
- Divorced
- Separated
- Fa. in Insti.
- Mo. in Insti.

- No support
- Broken home
- Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Rela- tives	Own home	Board home	Free home	Wage home	Insti- tion	man- care	Super- vision	Dis- charged
<i>Transfer</i> <i>5-1-34</i>	<i>Fort Hayes</i>	<i>Columbus, O.</i>					<input checked="" type="checkbox"/>				

√

At Acceptance
child living with

Later changes in guardianship or custody. (From temporary to permanent care;
from parents to court commitment; etc.) Give dates and types.

- Both parents
- Father
- Mother
- Father and step mo.
- Mother and step fa.
- Relatives
- Institution
- Other (specify)
-
-

NAME *James Todd Clerenger.* NO. *481*
 DATE BORN *Feb. 19th 1914* DATE REC'D. *12/16/1922*
 FATHER *John T. Clerenger.* LIVING-DEAD
 ADDRESS *New California, O.*
 MOTHER *Nancy Paris Clerenger* LIVING-DEAD
 ADDRESS *Deceased.*
 REC'D FROM *New California* TWP. OR CITY *Union* CO. *C* Nationality

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct. <i>✓</i>	<i>12/16/22.</i>						
Admitted by Trustees or Managers							
Surrendered by Father Mother							

CAUSE OF DEPENDENCY

Mother deceased, and Father unable to provide a suitable home with proper environment, and to keep family together.

NAME *Catherine A. Cook* No. *540* MALE
 DATE BORN *3-5-06* DATE REC'D. *11-21-24* FEMALE
 FATHER *George Cook* LIVING-DEAD PROT.
 ADDRESS *Marysville O* R. C.
 MOTHER *Nellie Smith Cook* LIVING-DEAD JEW
 ADDRESS *deceased* COLORED
 REC'D FROM *Paris* TWP. OR CITY *Union* CO. *Union* ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>1-21-24</i>			<input checked="" type="checkbox"/>			<i>\$6.00 per M.</i>
Admitted by Trustees or Managers							
Surrendered by <input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Mother dead Father unable to furnish proper home at present.

NAME *Louis Cook* No. *543*
 DATE BORN *6-21-14* DATE REC'D. *1-21-24*
 FATHER *George Cook* LIVING-DEAD
 ADDRESS *Manassville, Ohio*
 MOTHER *Nellie Smith Cook* LIVING-DEAD
 ADDRESS *deceased*
 REC'D FROM *Paris* TWP. OR CITY *Union* CO. *A* Nationality

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>1-21-24</i>			<input checked="" type="checkbox"/>			<i>1 \$ per Week</i>
Admitted by Trustees or Managers							
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Mother dead. father did not furnish proper home for children.

NAME *Martha Cook* No. *544* MALE
 DATE BORN *6-15-16* DATE REC'D. *1-21-24* FEMALE
 FATHER *George Cook* LIVING-DEAD PROT.
 ADDRESS *Marysville. O* R. C.
 MOTHER *Nettie Smith Cook* LIVING-DEAD WHITE
 ADDRESS *deceased* ILLEG.
 REC'D FROM *Paris* TWP. OR CITY *Union* CO. *G* Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct. <input checked="" type="checkbox"/>	<i>1-21-24</i>						<i>\$1 per week</i>
Admitted by Trustees or Managers							
Surrendered by <input type="checkbox"/> Father <input type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Mother dead.

NAME *Richard Cook* No. *541* MALE
 DATE BORN *1-28-07* DATE REC'D. *1-21-24* FEMALE
 FATHER *George Cook* LIVING-DEAD PROT.
 ADDRESS *Marysville, O.* R. C.
 MOTHER *Nellie Smith Cook* LIVING-DEAD JEW
 ADDRESS *deceased.* COLORED
 REC'D FROM *Paris* TWP. OR CITY *Union* CO. *C* ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>1-21-24</i>			<input checked="" type="checkbox"/>			<i>1 per week</i>
Admitted by Trustees or Managers							
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Mother dead. Father did not furnish proper home for children.

NAME *Robert Cook* No. *542* MALE
 DATE BORN *9-15-12* DATE REC'D. *1-21-24* FEMALE
 FATHER *George Cook* LIVING-DEAD PROT.
 ADDRESS *Manassville* R. C.
 MOTHER *Nellie (Smith) Cook* LIVING-DEAD JEW
 ADDRESS *deceased* COLORED
 REC'D FROM *Paris* TWP. OR CITY *Union* CO. WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>1-21-24</i>			<input checked="" type="checkbox"/>			<i>\$1 per week</i>
Admitted by Trustees or Managers							
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Mother dead. Father did not furnish proper home for children.

NAME *Viola Cook* No. *545* MALE
 DATE BORN *8-21-20* DATE REC'D. *1-21-24* ✓ FEMALE
 FATHER *George Cook* LIVING-DEAD ✓ PROT.
 ADDRESS *Marysville O* R. C.
 MOTHER *Nellie Smith Cook* LIVING-DEAD ✓ JEW
 ADDRESS *deceased* COLORED
 REC'D FROM *Paris* TWP. OR CITY *Union* CO. ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>1-21-24</i>			✓			<i>\$6 per week</i>
Admitted by Trustees or Managers							
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Mother dead; Father not able to furnish home.

	DATE	WITH WHOM	ADDRESS
PLACED	3/3/24	Father	
RETURNED	5/5/24	by Supt & Matron	
REPLACED	8/26	with Father	
RETURNED			Wifford Co. 781 York St., Marion, O. 10000 at Steam Shovel
REPLACED			
RETURNED			
REPLACED		Legal Age	
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
11/6/28	Matron Supt	Good Home Father Re-married			
8/7/29	Matron & S.	Good Home			
4/9/31	" & "	" "			

NAME *Basel Mary Coons.* NO. *19* MALE
 DATE BORN *Oct. 30, 1908* DATE REC'D. *Dec. 13, 1918* FEMALE
 FATHER *James Elmer Coons.* LIVING-DEAD PROT.
 ADDRESS *State Hospital, Columbus, Ohio.* R. C.
 MOTHER *Mamie Belle Ford Coons.* LIVING-DEAD JEW
 ADDRESS *West Mansfield, Ohio.* COLORED
 REC'D FROM *York.* TWP. OR CITY **UNION** CO. ILLEG.
 Nationality *a*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers	<i>12-17 1918</i>		<i>2</i>	<i>2</i>			<i>\$1.00 per wk.</i>
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Poverly

NAME **Edna Cornell** No. **717**
 DATE BORN **-24** DATE REC'D **June 27-1928**
 FATHER **Everett Cornell**
 ADDRESS **London, O.**
 MOTHER **Margeret Steel Cornell**
 ADDRESS **Unknown**
 REC'D FROM **Watkins** TWP. OR CITY **Union** CO. **CO.**
Millcreek Twp.

MALE
 *FEMALE
 *PROT.
 R. C.
 JEW
 COLORED
 *WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	Yes	6-27-28	Per.	Yes			\$ 10.00 per Mo
Admitted by Trustees or Managers							1st. & 16th. of
Father Surrendered by Mother							Mo. Total for Edna & Philip

CAUSE OF DEPENDENCY

Mother has deserted children & whereabouts of Father
is unknown at presents.

NAME **Philip Cornell** No. **717** * MALE
 DATE BORN **-26** DATE REC'D **June 27-1928** * FEMALE
 FATHER *Wm.* **Everett Cornell** * PROT.
 ADDRESS **London, O.** R. C.
 MOTHER **Margaret Steel Cornell** * JEW
 ADDRESS **Unknown** * COLORED
Watkins * WHITE
Union ILLEG.
 REC'D FROM **MILLCREEK TWP.** TWP. OR CITY CO. Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	Yes 6-27-28	per.		Yes			\$10.00 per
Admitted by Trustees or Managers							Mo. 1st. &
Father Surrendered by Mother							16th. of Mo.
							Total Edna & Phi

CAUSE OF DEPENDENCY

Mother has deserted children & whereabouts of
 Father is unknown at present.

	DATE	WITH WHOM	ADDRESS
PLACED	7/7/28	Charles Cantwil	Celina, O.R7
RETURNED	}	<i>Adopted by Mr. & Mrs. Charles Cantwil</i>	
REPLACED			
RETURNED		<i>5-2-30</i>	
REPLACED			
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
1-24-29					
	Matron & Supt.				
		Good Home			
		<i>12/10/29 Matron & Supt. Good Home - Making out adoption papers.</i>			

INSTITUTION AND AGENCY CARD

1. Name of child Cosgray-Marvin 2. Date accepted 2-8-39 3. Case No. 1052

4. Status of case: Reopened: Case last closed * Reopened: Case last closed *
New * prior to this year within this year 5. Religion: *Prot. R. C. G. C. Jew Other None

6. Race: W N O W. 7. Sex: M # 8-26-26 8. Date of birth 8-26-26 Verified: Y N 9. Place of birth Jerome Twp. Union Co.

10. Received from: Millcreek Twp. County Union State or country Union Co.

11. How received: Temporary commitment * Permanent commitment Temporary surrender Permanent surrender Voluntary agreement

12. Name of father Benjamin Cosgray 13. Address Deceased

14. Name of mother Gladys Yocum Cosgray-Satterfield-Re. 15. Address Columbus, O.

16. Name of other guardian 17. Address

18. Whereabouts of child when accepted Millcreek Twp. 19. Status of child's parents when accepted Mother-Remarried

20. Whereabouts of child's parents when accepted: { Father Deceased
Mother Millcreek Twp. Union Co. O. (Farm)

21. Assistance received by household: { At time of acceptance A.D.C. Remarried-Lost Aid
Within last two years A.D.C.

22. Notes:

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
6/30-70	Lara Nateman	Plain City, Ohio				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
'45-	In Army -										
1-48	legal age -										

2. Reason for closing.....

3. Changes in guardianship (Give date and type).....

4. Changes in source of support (Give date and source).....

INSTITUTION AND AGENCY CARD

1. Name of child Cosgray-Robert 2. Date accepted 2-8-39 3. Case No. 1052
4. Status of case: Reopened: Case last closed New * prior to this year. Reopened: Case last closed within this year. 5. Religion: * Prot. R. C. G. C. Jew Other None
6. Race: W N O W 7. Sex: M F F 8. Date of birth 11-4-29 Verified: Y N Y 9. Place of birth Jerome Twp.
10. Received from: Millcreek Twp. County Union Union Co. State or country
11. How received: Temporary commitment * Permanent commitment Temporary surrender Permanent surrender Voluntary agreement
12. Name of father Benjaminine Cosgray 13. Address Deceased
14. Name of mother Gladys Yocum Cosgray-Satterfield after Remarried 15. Address Columbus, O.
16. Name of other guardian 17. Address
18. Whereabouts of child when accepted Millcreek Twp. 19. Status of child's parents when accepted Mother-Remarried
20. Whereabouts of child's parents when accepted: { Father Deceased
Mother Millcreek Twp. Union Co. O.
21. Assistance received by household: { At time of acceptance A.D.C. Remarried-Lost Aid
Within last two years A.D.C.
22. Notes:

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super-vision	l. Closed
6/6-41 ^{John} 1948	Edward Campbell	Maysville O.			X					X	
Joined the Marines - graduated in June 1948.											

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

Discharged - legal age.

4. Changes in source of support (Give date and source)

INSTITUTION AND AGENCY CARD

1. Name of child Cosgray-Betty 2. Date accepted 2-8-39 3. Case No. 1052
4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year..... within this year..... 5. Religion Prot. R. C. G. C. Jew Other..... None
6. Race: W N O W 7. Sex: # 1 F 8. Date of birth 5-14-23 Verified: Y N 9. Place of birth New California
10. Received from: Millcreek Twp. County Union State or country O.
11. How received: Temporary Permanent commitment commitment..... Temporary surrender..... Permanent surrender..... Voluntary agreement.....
12. Name of father Benjamin Cosgray 13. Address Deceased
14. Name of mother Gladys Yocum Cosgray-Satterfield 15. Address Columbus, O.
16. Name of other guardian..... 17. Address.....
18. Whereabouts of child when accepted Millcreek Twp. 19. Status of child's parents when accepted Mother Remarried
20. Whereabouts of child's parents when accepted: { Father..... Deceased
Mother..... Millcreek Twp. Union Co. O.
21. Assistance received by household: { At time of acceptance..... A.D.C. Lost Aid-Remarried
Within last two years..... A.D.C.
22. Notes:

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
6/7-43	Capital University	226 West Dawson Ave Bexley Station Columbus O. Has position at State Office Bldg, Engineers office. Legal age - Discharged from car.									

2. Reason for closing

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

INSTITUTION AND AGENCY CARD

1. Name of child..... **Cosgray-Carl** 2. Date accepted..... **2-8-39** 3. Case No. **1052**
4. Status of case: Reopened: Case last closed * Reopened: Case last closed *
New * prior to this year..... within this year..... 5. Religion: *Prot. R. C. G. C. Jew Other..... None
6. Race: W N O..... **W** 7. Sex: M ~~F~~ # 8. Date of birth..... **3-21-32** 9. Place of birth..... **Jerome Twp.**
10. Received from:..... **Millcreek Twp.** County..... **Union** State or country..... **Union Co.**
11. How received: Temporary * Permanent Temporary Permanent Voluntary
commitment..... commitment..... surrender..... surrender..... agreement.....
12. Name of father..... **Benjamin Cosgray** 13. Address..... **Deceased**
14. Name of mother..... **Gladys Yocum Cosgray-Satterfield-Remarried** 15. Address..... **Columbus, O.**
16. Name of other guardian..... 17. Address.....
18. Whereabouts of child when accepted..... **Own Home-Millcreek Twp.** 19. Status of child's parents when accepted..... **Mother-Remarried**
20. Whereabouts of child's parents when accepted: { Father..... **Deceased**
Mother..... **Millcreek Twp. Union Co., O.**
21. Assistance received by household: { At time of acceptance..... **A.D.C. Lost Aid-Remarried**
Within last two years..... **A.D.C.**
22. Notes:

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wake Home	i. Institution	j. Financial Care	k. Super-vision	l. Closed
		Orient - Ohio T.M.S.						X			
	By order of The Juvenile Court Judge Harty.										

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

.....

.....

.....

4. Changes in source of support (Give date and source)

.....

.....

.....

INSTITUTION AND AGENCY CARD

1. Name of child John Cosgray 2. Date accepted 2-8-39 3. Case No. 1052
4. Status of case: Reopened: Case last closed New * prior to this year. Reopened: Case last closed within this year. 5. Religion: *Prot. R. C. G. C. Jew Other.....None
6. Race: W N O W 7. Sex: M ## 8. Date of birth 2-17-25 9. Place of birth Jerome Twp. Union Co.
10. Received from: Millcreek Twp. County Union State or country
11. How received: Temporary commitment * Permanent commitment..... Temporary surrender..... Permanent surrender..... Voluntary agreement.....
12. Name of father Benjamin Cosgray 13. Address Deceased
14. Name of mother Gladys Yocum Cosgray-Satterfield 15. Address Columbus, O.
16. Name of other guardian..... 17. Address.....
18. Whereabouts of child when accepted Millcreek Twp. 19. Status of child's parents when accepted Mother-Remarried
20. Whereabouts of child's parents when accepted: { Father Deceased
Mother Millcreek Twp. Union Co. O.
21. Assistance received by household: { At time of acceptance A.D.C. Lost Aid-Remarried
Within last two years A.D.C.
22. Notes:

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
2/27/39	Parker Shaubs	ostrander, o				x					X
5/2-41	Returned to Ch. Home	Maysville O									
2/27-42	" " " "	" "									
6/9-42	Joined the U.S. Navy	Stationed at Great Lakes for basic training									X
1946	Discharged -	Legal age.									

2. Reason for closing... Placed by order of Probate Court 2/27-39- Discharged
3. Changes in guardianship (Give date and type) 2/27-39 Probation officer
4. Changes in source of support (Give date and source) 2/27-39. Foster parents.

NAME **Willis Croy**

MOHW IITW

No. **767**

*MALE
FEMALE
* PROT.
R.C.
JEW
COLORED
*WHITE
ILLEG.
Nationality

DATE BORN

DATE REC'D **8-22-30**

FATHER

9-8-16
Louis Croy

LIVING

DEAD

ADDRESS

-

MOTHER

Martha Orders Croy

LIVING

~~DEAD~~

ADDRESS

Grove City, O.

REC'D FROM

Marysville

TWP. OR CITY

Union

CO.

A

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	J.C.						
Admitted by Trustees or Managers	8-22-30	Temp.		-	-	-	
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father deceased-at present no home for said child.

NAME

Willis Croy

No.

767

DATE BORN

9-8-16

DATE REC'D

8-22-30

FATHER

LIVING

DEAD

ADDRESS

MOTHER

LIVING

DEAD

ADDRESS

REC'D FROM

TWP. OR CITY

CO.

MALE

FEMALE

✓ PROT.

R. C.

JEW

COLORED

✓ WHITE

ILLEG.

✓ Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	J.C. 8-22-30	Temp.					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

NAME *Lester Leroy, Cumston* NO. *17* MALE
 DATE BORN *Aug. 22. 1908.* DATE REC'D. *Dec. 17. 1918* FEMALE
 FATHER *Jonas Cumston.* LIVING-DEAD PROT.
 ADDRESS *Richwood, O. Union Co.* R. C.
 MOTHER *Dead. Pearl Moma Swick* LIVING-DEAD JEW
 ADDRESS COLORED
 REC'D FROM *Clai bourne* TWP. OR CITY **UNION** CO. ILLEG.
 Nationality *a*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers	<i>L 12-17 1918</i>		<i>yes.</i>	<i>yes</i>			<i>\$1.00 per wk.</i>
Surrendered by <input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Mother Died. Poverty.

NAME *Marguerite Burns Lon.* NO. *15* MALE
 DATE BORN *May, 21, 1918.* DATE REC'D. *Dec. 17, '18* FEMALE
 FATHER *Jones Burns Lon.* LIVING-DEAD FEMALE
 ADDRESS *Richwood, O. Union Co.* R. C.
 MOTHER *Pearl Morna Swick.* LIVING-DEAD PROT.
 ADDRESS *Blairbourne* TWP. OR CITY **UNION** CO. JEW
 REC'D FROM *Blairbourne* TWP. OR CITY **UNION** CO. COLORED
 ILLEG. Nationality *a*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers	<i>2 12-17 1918</i>		<i>yes yes</i>				<i>\$1.00 per wk.</i>
Surrendered by Father Mother							

CAUSE OF DEPENDENCY

Poverty. Mother died.

	DATE	WITH WHOM	ADDRESS
PLACED	5/4/24	Father	Radnor O #. 1.
RETURNED	1/29/30	" ^{old Com- mission} order Court papers.	
REPLACED	8/26/30	Mrs Paul Mosley	Ostrander, O.
RETURNED	9/21/30	" " "	" " "
REPLACED	3/3/31	J. R. Adams	1375 Inglis Ave. Col. O.
RETURNED	4/16/31	From " "	" "
REPLACED	7/11/32	Earl Guthrie	Marysville, O. R.D.
RETURNED			

DATE		BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
RECORD OF VISITS						
Discharged						
12/2/24	Supt. & Matron		Good	Legal Age		
8/21/32	" "		"	5-21-33.		

NAME *Nellie M. Cumston* NO. *18*
 DATE BORN *Nov. 25, 1915* DATE REC'D. *Dec. 17, 1918*
 FATHER *Jonas Cumston* LIVING-~~DEAD~~
 ADDRESS *Richwood, O. Union Co.*
 MOTHER *Dead. Pearl Momma Swick* LIVING-~~DEAD~~
 ADDRESS
 REC'D FROM *Clairbourne* TWP. OR CITY **UNION** CO. Nationality *A*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers	<i>12-17, 1918</i>		<i>yes</i>	<i>yes.</i>			<i>\$1.00 per wk.</i>
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Mother died. Poverty.

	DATE	WITH WHOM	ADDRESS
PLACED	5/4/24	Father	Paul #11
RETURNED		Jonas Canston	Padua, O
REPLACED			
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
12/12/24	Depto M.	Goods			

NAME *Vida May Cumston* NO. *16* MALE
 DATE BORN *Nov. 20. 1910.* DATE REC'D. *Dec. 17. 1918* FEMALE
 FATHER *Jonas Cumston* LIVING-DEAD PROT.
 ADDRESS *Richwood, Ohio, Union Co.* R. C.
 MOTHER *Pearl Womna Swick* ~~LIVING-DEAD~~ COLORED
 ADDRESS WHITE
 REC'D FROM *Blairbourne* TWP. OR CITY **UNION** CO. ILLEG. Nationality *a*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers	<i>2 Dec. 17-18</i>		<i>yes. yes</i>				<i>\$1.00 per wk.</i>
Surrendered by <input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Mother died. Poverty.

	DATE	WITH WHOM	ADDRESS
PLACED	5/4/24	Jonas Cunston	Padua O. G. #. 1.
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
12/2/24	Supt H M	Good			

INSTITUTION AND AGENCY CARD

1. Name of child Frances Davis 2. Date accepted Nov. 30; 45 3. Case No. 1052

4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year within this year 5. Religion: Prot. R. C. G. C. Jew Other None

6. Race: W N O 7. Sex: M F 8. Date of birth 4-14-29 Verified: Y N 9. Place of birth Plain City, Ohio State or country

10. Received from: Juvenile Court County Union Co., Jerome Twp. State or country

11. How received: Temporary commitment Permanent commitment Voluntary agreement
Temporary surrender Permanent surrender

12. Name of father Henry Davis ?? 13. Address Plain City

14. Name of mother Maudie Davis 15. Address " "

16. Name of other guardian - 17. Address " "

18. Whereabouts of child when accepted with parents 19. Status of child's parents when accepted " "

20. Whereabouts of child's parents when accepted: { Father In jail for drunkenness
Mother at Home in Plain City with sister.

21. Assistance received by household: { At time of acceptance " "
Within last two years " "

22. Notes: Mo. had fa. arrested he was later sent to work-house. Mo. was sent to W. B.

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
1948.	Maud Klavis - mother - Mansfield, O	Francis has a good job at Scott Seed Co. graduated from H.S. & is a nice girl									

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

INSTITUTION AND AGENCY CARD

1. Name of child..... *Madge Hlavis*..... 2. Date accepted..... *Nov. 30 '45*..... 3. Case No. *1252*
4. Status of case: Reopened: Case last closed..... Reopened: Case last closed.....
New..... prior to this year..... within this year..... 5. Religion: Prot. R. C. G. C. Jew Other..... None
6. Race: W N O..... 7. Sex: M F..... 8. Date of birth..... *9-23-30*..... Verified: Y N 9. Place of birth..... *Plain City, O*..... State or country
10. Received from:..... *Juvenile Court Union*..... County..... *Jerome Twp.*..... State or country
11. How received: Temporary commitment..... Permanent commitment..... Temporary surrender..... Permanent surrender..... Voluntary agreement.....
12. Name of father..... *Henry Hlavis*..... 13. Address..... *Plain City, O*
14. Name of mother..... *Maudie Hlavis*..... 15. Address.....
16. Name of other guardian..... 17. Address.....
18. Whereabouts of child when accepted..... *with parents*..... 19. Status of child's parents when accepted.....
20. Whereabouts of child's parents when accepted: { Father..... *In jail.*
Mother..... *at home of sister*
21. Assistance received by household: { At time of acceptance.....
Within last two years.....
22. Notes:..... *See Francis Card*.....

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
9/1-49	mother	Manville, CO	X								
Oct 50	Married - Discharged legal age.										

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

NAME	ELDON DEBOLT		No.	846	* MALE
DATE BORN	12-12-20	DATE REC'D	11-15-32		* FEMALE
FATHER	John Debolt	LIVING	[initials]		* PROT.
ADDRESS	Richwood, O.				R. C.
MOTHER	Mary Lee Debolt	LIVING	[initials]		JEW
ADDRESS	Richwood, O.				COLORED
REC'D FROM	Richwood	TWP. OR CITY	Union	CO.	* WHITE
					ILLEG.
					Nationality
					* A.

(B.J.R.) CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	11/15/32						
Admitted by Trustees or Managers		Temp:					
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

That said child is dependent-feeble minded,
and the parents are unable to properly care
for said child:

NAME *Debolt, Gertrude* NO.
 DATE BORN *9-16-04* DATE REC'D *9-24-07*
 FATHER *Fairfield Gray, Debolt.* LIVING-DEAD
 ADDRESS *Richwood, Ohio*
 MOTHER LIVING-DEAD
 ADDRESS
 REC'D FROM *Richwood* TWP. OR CITY **UNION** CO.

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers	<i>9-24-07</i>						
Surrendered by ^{Father} Mother							

CAUSE OF DEPENDENCY

Mother died.

	DATE	WITH WHOM	ADDRESS
PLACED	11-1-07	Simon J. Schaeckelford	2 Cleveland St Springfield, O.
RETURNED	4-22-08		
REPLACED	6-19-10	A. J. Ackley	Plain City, O.
RETURNED	8-14-10		
REPLACED	11-21-13	Mrs. Sites	Bronckow, Union Co., O.
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
8- -14	matron		11-21-13	Supt. & Trustees	Good
10-7-14	Supt. & Trus.				
1- -16	"				
8-23-16	"				
6-3-17	"				
8-8-1918	" + Trus.				
11-19-19	Supt.	Good.			
8-30-21	Trustees	"			

NAME *Diety, Ella*

NO.

MALE

DATE BORN *10-9-04*

DATE REC'D. *10-16-08*

FEMALE

FATHER *John T Diety*

LIVING-DEAD

PROT.

ADDRESS

R. C.

MOTHER *Cincinnati Forney Diety*

LIVING-DEAD

JEW

ADDRESS

COLORED

REC'D FROM *Marysville*

TWP. OR CITY

UNION

CO.

WHITE

ILLEG.

Nationality *a*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers	<i>10-16-08</i>		<i>r</i>				
Surrendered by ^{Father} Mother							

CAUSE OF DEPENDENCY

Mother died

	DATE	WITH WHOM	ADDRESS
PLACED	3-24-09	Mrs. C. N. Fortney (grmother)	Bellefontaine, O.
RETURNED	4-24-09		
REPLACED	1-26-10	Mrs. Clyde Brobst (aunt)	Mattoon, Ill.
RETURNED			327 Irwell Ave. moved to Indianapolis
REPLACED			
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
12-12-18	Blanche Dietz	Employee of Children's Home.			
12-6-19	Blanche Dietz	Good			

NAME *Diety, Loretta* NO. _____
 DATE BORN *11-3-06* DATE REC'D *10-16-08*
 FATHER *John T. Diety* LIVING-DEAD _____
 ADDRESS _____
 MOTHER *Cincinnati Fortney Diety* LIVING-DEAD _____
 ADDRESS _____
 REC'D FROM *Marysville* TWP. OR CITY **UNION** CO. _____
 MALE _____
 FEMALE
 PROT.
 R. C. _____
 JEW _____
 COLORED _____
 WHITE
 ILLEG. _____
 Nationality *a*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers	<i>10-16-08</i>		<i>r</i>				
Surrendered by <input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Mother died

	DATE	WITH WHOM	ADDRESS
PLACED	4-24-09	Ray Aspinall	East Liberty, O.
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
8- -12	Supt				
1- -16	"	r Ins.			
6-1-17	"				
10-4-17	Mrs. E. J. Venette				
11-2-18	Supt.	Excellent home			
11-2-'19	Supt.	Good home.			
6-30-'20	Supt.	Good			
8/30-21	"	+ Truckers - Good			

NAME *Dolan, Marie* NO. *7* MALE
 DATE BORN *7-2-04* DATE REC'D *8-14-10* FEMALE
 FATHER *John Dolan* LIVING-DEAD
 ADDRESS *Springfield, O.*
 MOTHER *Mae Columbus Dolan.* LIVING-DEAD
 ADDRESS
 REC'D FROM *Marysville* TWP. OR CITY **UNION** CO. Nationality *A*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers	<i>8-14-10</i>						
Surrendered by ^{Father} Mother							

CAUSE OF DEPENDENCY

Mother died.
Aug. 1918. Placed with Dell Coe, York Tp. Union Co.
Because 18 yrs of age July 2, '21, went to sister
in Springfield, Ohio

	DATE	WITH WHOM	ADDRESS
PLACED	9-24-10	Catholic Orphanage near Cincinnati	
RETURNED			
REPLACED	6-8-15	Cyrus Starnates	Richwood, O.
RETURNED	4-16-16		
REPLACED	7-8-16	?	Columbus, O.
RETURNED	7-29-16		
REPLACED	6-2-17	Jesse Cain	Pharisburg, O.
RETURNED	10-20-17		
^{Pl} RETURNED	12-29-17	Brother Pearl Dolan	Mt Victory, Hardin Co. O.
Returned	4-17-20		

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
1- - 16	Supt. & Trus.				
6-21-17	"				
11-25-19	Mrs. Peake.	Good.			

Name Betty Jane Dodd Date rec'd 5/26/36
 Birth date 12-4-24 Birthplace Marion, O.
 Legal residence: State Ohio County Union City Marysville
 Father Theodore Dodd Address Marysville, O. E. 5th.
 Mother Cora Marie Dodd Address Same
 Father Address
 Step Mother Address
 Occurrence: New * Old Recurrent
 Legal Status: Permanent Temporary * Court committed
 Surrendered by—Father Mother No surrender
 Otherwise (specify)
 Received for aid or service: with change of domicile
 without change of domicile *
 Support by: County * City
 Parents: In full Partial
 Otherwise (specify)

✓
 M. F.
 * W. C.
 * Protestant
 Catholic
 Jewish
 * Legitimate
 Illegitimate
 Foundling
 Nationality
 A Fa.
 A Mo.
 * Dependent
 Neglected
 Delinquent
 Crippled
 Defective
 mentally
 Mother's aid
 Father dead
 Mother dead
 Full orphan
 Fa. deserted
 Mo. deserted
 Divorced
 Separated
 Fa. in Insti.
 Mo. in Insti.
 No support
 Broken home
 * Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Rela- tives	Own home	Board home	Free home	Wage home	Insti- tution	Financ. care	Super- vision	Dis- charged
11/3/36	James Dodd	Marysville B.D.3		X							X

✓	At Acceptance child living with	Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.
✓	Both parents Father Mother Father and step mo. Mother and step fa. Relatives Institution Other (specify)	Disch. by P.C. own Parents -

Name Helen Marie Dodd Date rec'd 5/26/36

Birth date 4-11-31 Birthplace Newark, O.

Legal residence: State Ohio County Union City Marysville

Father Theodore Dodd Address Marysville, O. E. 5th.

Mother Cora Marie Dodd Address Same:

Father
Step Mother Address

Occurrence: New * Old Recurrent

Legal Status: Permanent Temporary * Court committed

Surrendered by-Father Mother * No surrender

Otherwise (specify)

Received for aid or service: with change of domicile

without change of domicile *

Support by: County * City

Parents: In full Partial

Otherwise (specify)

M. F.
* W. C.

* Protestant
Catholic
Jewish
* Legitimate
Illegitimate
Foundling
Nationality

A Fa.
A Mo.

* Dependent
Neglected
Delinquent
Crippled
Defective
mentally
Mother's aid

Father dead
Mother dead
Full orphan
Fa. deserted
Mo. deserted
Divorced
Separated
Fa. in Insti.
Mo. in Insti.

No support
Broken home
* Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Rela- tives	Own home	Board home	Free home	Wage home	Insti- tution	Financ. care	Super- vision	Dis- charged
11/3/36	James Dodd	Marysville RD 3		X							X

<input checked="" type="checkbox"/> At Acceptance child living with	Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.
<input checked="" type="checkbox"/> Both parents Father Mother Father and step mo. Mother and step fa. Relatives Institution Other (specify)	Discharged By PC - own Parents -

Name James Edward Dodd Date rec'd 5/26/36

Birth date 12-14-34 Birthplace Union Co.

Legal residence: State Ohio County Union City Marysville

Father Theodore Dodd Address Marysville, O. E. 5th. St

Mother Cora Marie Dodd Address Same

Father
Step Mother Address

Occurrence: New * Old Recurrent

Legal Status: Permanent Temporary * Court committed

Surrendered by-Father Mother * No surrender

Otherwise (specify)

Received for aid or service: with change of domicile

without change of domicile *

Support by: County * City

Parents: In full Partial

Otherwise (specify)

V
M. F.
*W. C.
* Protestant
Catholic
* Jewish
Legitimate
* Illegitimate
Foundling
Nationality
A Fa.
A Mo.

* Dependent
Neglected
Delinquent
Crippled
Defective
mentally
Mother's aid

Father dead
Mother dead
Full orphan
Fa. deserted
Mo. deserted
Divorced
Separated
Fa. in Insti.
Mo. in Insti.

No support
Broken home
* Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Relatives	Own home	Board home	Free home	Wage home	Insti-tution	Financ. care	Super-vision	Dis-charged
6/10/36	<i>OWN PARENTS JAMES DODD</i>	<i>Marysville O.E. 5th St</i>		X							
7/22/36	<i>Re.</i>	<i>..</i>									
11/3/36	<i>Pl. James Dodd</i>	<i>71 R. D. 3</i>		X							X

At Acceptance child living with

Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.

Both parents
 Father
 Mother
 Father and step mo.
 Mother and step fa.
 Relatives
 Institution
 Other (specify)

Discharged - by P.C. to own parents

Name **Bernard John Downs** Date rec'd **9-27-34**

Birth date **11-3-30** Birthplace **Chicago, Ill.**

Legal residence: State **Ohio** County **Union** City **Marysville**

Father **Howard G. Downs** Address **N. Maple St., Marysvill**

Mother **Deceased:** Address

Father

Step Mother

Address

Occurrence: New ***** Old ***** Recurrent

Legal Status: Permanent

Temporary ***** Court committed **yes**

Surrendered by—Father

Mother

No surrender

Otherwise (specify)

Received for aid or service: with change of domicile

without change of domicile

Support by: County ***** City

Parents: In full

Partial

Otherwise (specify)

M. F.
W. C.
Protestant
Catholic
Jewish
Legitimate
Illegitimate
Foundling
Nationality
Fa.
Mo.

Dependent
Neglected
Delinquent
Crippled
Defective
mentally
Mother's aid

Father dead
Mother dead
Full orphan
Fa. deserted
Mo. deserted
Divorced
Separated
Fa. in Insti.
Mo. in Insti.

No support
Broken home
Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Rela- tives	Own home	Board home	Free home	Wage home	Insti- tution	Financ. care	Super- vision	Dis- charged
11/1/34	Howard G. DOWNS	N. Maple St. City		X							
11-41	Mr. & Mrs. J. C. Gaffler	Chicago Ill									
6/45	Returned to Home										
1948	Joined the Navy.	Graduated & is a swell kid									
	Discharged - legal age - working in dayton fine lad.										

✓	At Acceptance child living with	Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.
✓	Both parents Father Mother Father and step mo. Mother and step fa. Relatives Institution Other (specify)	Placed with aunt in Chicago Ill. Nov. 7-1941. Returned to Ch. Home from Aunt's care. 3-1945. Joined Navy. Discharged after 3 years - has job in Dayton.

Name **Bernard John Downs** Date rec'd **8/12/37**

Birth date **11/3/30** Birthplace **Chicago, Ill.**

Legal residence: State **Ohio** County **Union** City **Marysville**

Father **Howard G. Downs** Address **Marysville, O.**

Mother **Deceased:** Address

Father

Step Mother

Address

Occurrence: New.....Old.....Recurrent.....*

Legal Status: Permanent.....Temporary.....* Court committed.....*

Surrendered by—Father.....Mother.....No surrender.....*

Otherwise (specify) **Complaint :**

Received for aid or service: with change of domicile

without change of domicile.....*

Support by: County.....*.....City.....

Parents: In full.....Partial.....

Otherwise (specify).....

*M. F.
 *W. C.
 *Protestant
 *Catholic
 Jewish
 Legitimate
 Illegitimate
 Foundling
 Nationality
 Fa.
 Mo.

Dependent
 Neglected
 Delinquent
 Crippled
 Defective
 mentally
 Mother's aid

Father dead
 *Mother dead
 Full orphan
 Fa. deserted
 Mo. deserted
 Divorced
 Separated
 Fa. in Insti.
 Mo. in Insti.

No support
 Broken home
 Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Rela- tives	Own home	Board home	Free home	Wage home	Insti- tution	Financ. care	Super- vision	Dis- charged

v	At Acceptance child living with	Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.
	Both parents Father Mother Father and step mo. Mother and step fa. Relatives Institution Other (specify)	

NAME *Harold Durfey* NO. *461* Y MALE
 DATE BORN *6-27th-1910* DATE REC'D *6-5-1922* FEMALE
 FATHER *Frank Durfey* LIVING-DEAD PROT.
 ADDRESS *Richwood W. Va.* R. C.
 MOTHER *Myrtle Durfey* LIVING-DEAD JEW
 ADDRESS *unknown* COLORED
 REC'D FROM *Richwood* TWP. OR CITY **UNION** CO. *A* ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							<i>5 per month</i>
Admitted by Trustees or Managers							
Surrendered by <input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother	<i>6/5/22</i>						

CAUSE OF DEPENDENCY

Father and mother separated.

	DATE	WITH WHOM	ADDRESS
PLACED	11-21-22	Journals Research	
RETURNED			
REPLACED	3, 27, 23	Placed in	Teetle Minded Ins. ^{Co. Pa.}
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS

NAME *Irvin Purvey.* NO.
 DATE BORN *12/25th 1911* DATE REC'D *6-5-1922* MALE FEMALE
 FATHER *Frank Purvey.* LIVING-DEAD PROT. R. C.
 ADDRESS *Richwood, W. Va.* LIVING-DEAD JEW
 MOTHER *Meyrtle Purvey.* LIVING-DEAD COLORED WHITE
 ADDRESS *Unknown* ILLEG.
 REC'D FROM *Richwood, W. Va.* TWP. OR CITY **UNION** CO. *a* Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							<i>5 per month.</i>
Admitted by Trustees or Managers							
Surrendered by ^{Father} Mother	<i>6/5.22</i>						

CAUSE OF DEPENDENCY

Father and mother separated.

INSTITUTION AND AGENCY CARD

1. Name of child Llyer-Clavid 2. Date accepted 4-27-45 3. Case No. 1223
4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year..... within this year..... 5. Religion: Prot. R.C. G.C. Jew Other None
6. Race: W N O..... 7. Sex: M F 8. Date of birth 8-31-45 9. Place of birth Kenton, O.
10. Received from: Juvenile Court County Union Co. State or country.....
Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement
11. How received: Temporary commitment..... Permanent commitment..... Temporary surrender..... Permanent surrender..... Voluntary agreement.....
12. Name of father Llyer-Charles 13. Address U.S.N.
14. Name of mother Rosa 15. Address Richwood, O.
16. Name of other guardian..... 17. Address.....
18. Whereabouts of child when accepted..... 19. Status of child's parents when accepted.....
20. Whereabouts of child's parents when accepted: { Father U.S.N.
Mother working in Marion O.
21. Assistance received by household: { At time of acceptance.....
Within last two years.....
22. Notes:

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
	Rose Hlyn	Richwood, O	X								X

2. Reason for closing... *Released by juvenile Court*

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

INSTITUTION AND AGENCY CARD

1. Name of child Llyer Frank 2. Date accepted 4-27-46 3. Case No. 1228

4. Status of case: Reopened: Case last closed prior to this year Reopened: Case last closed within this year 5. Religion: Prot. R. C. G. C. Jew Other None

6. Race: W N O 7. Sex: M F 8. Date of birth 12-12-45 9. Place of birth Bellefontaine

10. Received from: Juvenile Court County Union Co. State or country

11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement

12. Name of father Llyer Charles 13. Address Plain U.S.N.

14. Name of mother Llyer Rosa 15. Address Richwood, Ohio

16. Name of other guardian _____ 17. Address _____

18. Whereabouts of child when accepted with mother 19. Status of child's parents when accepted _____

20. Whereabouts of child's parents when accepted: { Father U.S.N.
Mother working in Marion

21. Assistance received by household: { At time of acceptance _____
Within last two years _____

22. Notes: _____

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
	Rose Hyer	Richwood, O	X								X

2. Reason for closing... *Released by J.C.*

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

INSTITUTION AND AGENCY CARD

1. Name of child Hyler, Kenneth 2. Date accepted 4-27-48 3. Case No. 1223

4. Status of case: Reopened: Case last closed _____ Reopened: Case last closed _____
New prior to this year _____ within this year _____ 5. Religion: Prot. R. C. G. C. Jew Other _____ None

6. Race: W N O _____ 7. Sex: M F _____ 8. Date of birth 2-12-40 Verified: Y N _____ 9. Place of birth West Mansfield, Ohio

10. Received from: Juvenile Court County Union Co. State or country _____

11. How received: Temporary commitment Permanent commitment _____ Temporary surrender _____ Permanent surrender _____ Voluntary agreement _____

12. Name of father Hyler, Charles 13. Address U.S.N.

14. Name of mother Hyler, Rosa 15. Address Richwood, Ohio

16. Name of other guardian _____ 17. Address _____

18. Whereabouts of child when accepted with mother 19. Status of child's parents when accepted father in Navy

20. Whereabouts of child's parents when accepted: { Father In U.S.N.
Mother working in Marine

21. Assistance received by household: { At time of acceptance _____
Within last two years _____

22. Notes: _____

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
	Rose Hye	Richwood, O	X								X

2. Reason for closing..... Released by J.C.

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

NAME *Arthur E. Agleston* No. _____
 DATE BORN *May 17, 1917* DATE REC'D *Feb 9th 1927*
 FATHER *Joseph E. Agleston*
 ADDRESS *Marysville*
 MOTHER *Nora E. Agleston*
 ADDRESS *Marysville*
 REC'D FROM _____ TWP. OR CITY _____ CO. _____

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality _____

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	<i>Feb 9, 27</i>	<i>X</i>					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Mother sick

NAME

Ellenor Eagleston

No.

DATE BORN

2-20-1926

DATE REC'D

2-9-1927

FATHER

Joseph Eagleston

ADDRESS

Marysville

MOTHER

Nora Eagleston

ADDRESS

Marysville

REC'D FROM

TWP. OR CITY

CO.

MALE

FEMALE

PROT.

R. C.

JEW

COLORED

WHITE

ILLEG.

Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	Y						
Admitted by Trustees or Managers	2-9-27	X					
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Mother Sick

NAME *Richard Eagleston* No. _____
 DATE BORN *1921* DATE REC'D *Feb 9th 1927*
 FATHER *Joseph Eagleston*
 ADDRESS *Marysville*
 MOTHER *Nora Eagleston*
 ADDRESS *Marysville*
 REC'D FROM _____ TWP. OR CITY _____ CO. _____

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality _____

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	<i>X Feb 1927</i>	<i>X</i>					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

NAME

Ellis Eagleston

No.

DATE BORN

Feb. 18, 19

DATE REC'D

FATHER

Joseph Eagleston

ADDRESS

Marysville

MOTHER

Nora Engleston

ADDRESS

Marysville

REC'D FROM

Parents

TWP. OR CITY

Union

CO.

MALE

FEMALE

PROT.

R. C.

JEW

COLORED

WHITE

ILLEG.

Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	<i>24</i> <i>X/9-1927. X</i>						
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Mother sick.

NAME **Frances Eagleston**No. **684**DATE BORN **Dec, 27, 1911**DATE REC'D **June 8th 1927**FATHER **Joseph Eagleston****living**ADDRESS **Marysville Ohio**MOTHER **Nora E. Eagleston****living**ADDRESS **Marysville Ohio**REC'D FROM **Paris**

TWP. OR CITY

Union

CO.

MALE

FEMALE

PROT.

R. C.

JEW

COLORED

WHITE

ILLEG.

Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Com.	Yes 6-8-27	Tem					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

NAME

Joseph E. Agleston

No.

DATE BORN

June 9th 1917

DATE REC'D

Feb 9th 1927

FATHER

Joseph E. Agleston

ADDRESS

Marysville O

MOTHER

Nora E. Agleston

ADDRESS

Marysville

REC'D FROM

Parents

TWP. OR CITY

Union

CO.

MALE

FEMALE

PROT.

R. C.

JEW

COLORED

WHITE

ILLEG.

Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	X Feb 9 1927	X					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Mother sick and father unable to work & care for children

NAME

Ruth Eagleston

No.

DATE BORN

9-29-1920

DATE REC'D

2-9-1927

FATHER

Joseph Eagleston

ADDRESS

Marysville

MOTHER

Nora Eagleston

ADDRESS

Marysville

REC'D FROM

TWP. OR CITY

CO.

MALE

FEMALE

PROT.

R. C.

JEW

COLORED

WHITE

ILLEG.

Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	X 2-9-27	X					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

NAME **Flossie L. Easterday.**No. **699**DATE BORN **5-6-1918.**DATE REC'D **12-29-1927.**FATHER **George M. Easterday.**ADDRESS **Marysville Ohio.**MOTHER **Mamie E. Easterday.**ADDRESS **Marysville Ohio.**REC'D FROM **Paris**

TWP. OR CITY

Union

CO.

MALE

* FEMALE

PROT.

R. C.

JEW

COLORED

* WHITE

ILLEG.

Nationality

American

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	12-29-27	per		yes			50¢ per wk.
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY**Father and Mother are seperated.**

	DATE	WITH WHOM	ADDRESS
PLACED	5-24-33	M. L. Bowen	250 W. 7th St. Marysville, O.
RETURNED	8/26/33	From " "	" "
REPLACED	6-3-36	Mark + Mae Almerdinges	Johnstown, O.
RETURNED	8 -37		
REPLACED	9/3/37	Elwood Sawyer	W. 4th. Marysville
RETURNED	9/3/38	Re " "	" "
REPLACED	10/20/38	Elwood Sawyer	W. 4th. "
RETURNED	11/12/38	From " "	on edge of sickness

DATE	BY WHOM	REMARKS	RECORD OF VISITS	DATE	BY WHOM	REMARKS
Replaced 12/9/38		Mrs. Sam Jewell				Peoria, O. Wage Home

6/21-39 Care closed- Legal age.

NAME *Flossie L. Easterday* (538) NO. ~~4770~~
 DATE BORN *unknown 5 yrs.* DATE REC'D *12-10-23*
 FATHER *George Easterday* LIVING-DEAD
 ADDRESS *Marysville, O.*
 MOTHER *Mamie (H) Elsey Easterday* LIVING-DEAD
 ADDRESS *Marysville, Ohio.*
 REC'D FROM *Marysville* TWP. OR CITY **UNION** CO.

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>12-10-23</i>						
Admitted by Trustees or Managers	<i>Per. com.</i>						
Surrendered by <input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Mother sick

	DATE	WITH WHOM	ADDRESS
PLACED	12-28-23.	Parenten's	Marysville O
RETURNED	12-29-27	to Home.	
REPLACED			
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
1-28-24	Malton	Poor.			

NAME **Frances P. Easterday.**No. **699**DATE BORN **11/24-1923.**DATE REC'D **12-29-1927**

*

FATHER **George M. Easterday**ADDRESS **Marysville Ohio.**MOTHER **Manie E. Easterday.**ADDRESS **Marysville Ohio.**REC'D FROM **Marysville**

TWP. OR CITY

Paris, Union

CO.

MALE

FEMALE

PROT.

R. C.

JEW

COLORED

WHITE

ILLEG.

Nationality

American

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	12-29-27	per		yes			50¢ per wk.
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY**Father and Mother are seperated.**

NAME **Letha E. Easterday.**No. **699**DATE BORN **9-17-1922.**DATE REC'D **12-29-1927**FATHER **George M. Easterday.**ADDRESS **Marysville Ohio.**MOTHER **Mamie E. Easterday.**ADDRESS **Marysville Ohio.**REC'D FROM **Paris**

TWP. OR CITY

Union

CO.

MALE
 * FEMALE
 PROT.
 R. C.
 JEW
 COLORED.
 * WHITE *
 ILLEG.

Nationality

American

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	12-29-27	per		yes			50¢ per wk.
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY**Father and Mother are seperated.***Father dead*

	DATE	WITH WHOM	ADDRESS
PLACED	7-9-35	Edward Eirick	Marysville, O.R.D.
RETURNED	9-1-36		
REPLACED	6-1-38	Charles Byers	Irwin, O. K.D.
RETURNED	6-22-39	Childrens Home	
REPLACED	10-10-39	Mr & Mrs Ray Ell	Manville O.
RETURNED	10-28-39	Ch. Home. Unsatisfactory	
REPLACED	12-14-40	Mr & Mrs Juyon Sanders	Mayville
RETURNED	7-8-41	Childrens Home	
Replaced	7-8-41	Mrs C.C. Childs	Blair City Ohio
Returned	1-9-42	John Laughlin	8 Karbly Beach - Huron O.
Returned	1-8-1942	Univ County Ch. Home	Behavior unsatisfactory
10/35		matron good home.	Discharged 9/7-43 - Legal Age
36	"	"	"
10-38	"	Fair	girl somewhat dissatisfied but wants to finish ^{semester} there
9/39	"	"	girl will return when school is finished
6-10	"	Mrs. ms. wanted girl to stay for two weeks - other girl coming then - consented after talking to Yetta.	
Visited girl in		Sanders home - progress ^{poor} - improved in appearance & behavior	Behavior unsatisfactory

NAME *Samuel Easterday* NO
 DATE BORN *8 years* DATE REC'D. *12-10-23*
 FATHER *George Easterday* LIVING-DEAD
 ADDRESS *Marysville. O*
 MOTHER *Mamie (Kelley) Easterday* LIVING-DEAD
 ADDRESS *Marysville.*
 REC'D FROM *Marysville* TWP. OR CITY *Union* CO

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers							
Father							
Surrendered by Mother							

Per. con.

CAUSE OF DEPENDENCY

Mother sick.

	DATE	WITH WHOM	ADDRESS
PLACED			
RETURNED	12-28-23	Parents	Marysville, W
REPLACED			
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
1-28-24	maternal	Pool			

INSTITUTION AND AGENCY CARD

1. Name of child Viola May Carturday 2. Date accepted 5-25-1940 3. Case No.
4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year within this year 5. Religion: Prot. R. C. G. C. Jew Other None
6. Race: W N O 7. Sex: M F 8. Date of birth 2-14-25 Verified: Y N 9. Place of birth New Haven O
10. Received from: Marysville - Union County Ohio State or country
Temporary Permanent Temporary Permanent Voluntary
11. How received: commitment commitment surrender agreement
12. Name of father Samuel Carturday 13. Address Deceased
14. Name of mother Mamie Huffman 15. Address Milford Centre O
16. Name of other guardian 17. Address
18. Whereabouts of child when accepted Boarding Home 19. Status of child's parents when accepted Father dead - mother remarried
20. Whereabouts of child's parents when accepted: { Father Deceased
Mother Remarried - living in Milford Centre O
21. Assistance received by household: { At time of acceptance
Within last two years
22. Notes:

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
											X
.....											
.....											
.....											
.....											
.....											
.....											
.....											
.....											
.....											
.....											
.....											
.....											
.....											

2. Reason for closing..... *Legal Age*

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

.....

.....

.....

.....

NAME Warren G. Easterday.

No. 699

* MALE
FEMALE
PROT.

DATE BORN 9-9-1920.

DATE REC'D 12-29-1927.

FATHER G. George M. Easterday.

R. C.

ADDRESS Marysville Ohio.

JEW

MOTHER Mamie E. Easterday.

COLORED

ADDRESS Marysville Ohio.

* WHITE
ILLEG.

REC'D FROM Paris

TWP. OR CITY

Union

CO.

Nationality

American

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	12-29-27	per		yes			50¢ per wk.
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father and Mother are seperated.

	DATE	WITH WHOM	ADDRESS
PLACED	5-17-30	Wm C. Reyner	W. Mansfield, O. R. 4
RETURNED	8/30/30	FROM " "	" "
REPLACED	6-14-35	Robert Kent	Plain City, O. R. D.
RETURNED	8/8/38	FROM " "	" "
REPLACED	8/5/38	C. N. Te Frederick	Ridgeway, O. R. 1
RETURNED	8/5/38	Boy in N.Y. A. Camp at New Philadelphia	
REPLACED			Discharged - legal age
RETURNED		Boy in Air Corps in Navy Time Boy!	

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
8/35	matron	good home.			
Sept-35	"	Everything O.K.			
7/9/37	"	ok.			
8/37	"	Fos. par. having some trouble with boy.			
12/37	"	Things going better this time. Doing fine in school.			
3/38	Supt.	Trouble again. Boy talks of leaving.			
6/38	Supt.	Talked to boy & fos. father. Rather unsatisfactory.			
6/2-38	Fos. father	visited home			

Name **Doris Edmondson** Date rec'd **5/26/36**

Birth date **2/6/23** Birthplace **Columbus, O.**

Legal residence: State **Ohio** County **Union** City

Father **Elmer E. Edmondson** Address **Junction City Brick Plant;**

Mother **Savannah C.** Address **County Home**

Father Address
Step Mother Address

Occurrence: New ***** Old Recurrent

Legal Status: Permanent Temporary ***** Court committed

Surrendered by-Father Mother No surrender

Otherwise (specify)

Received for aid or service: with change of domicile
without change of domicile

Support by: County ***** City

Parents: In full Partial

Otherwise (specify)

- M.
- W.
- Protestant
- Catholic
- Jewish
- Legitimate
- Illegitimate
- Foundling
- Nationality
- Fa.
- Mo.

- Dependent
- Neglected
- Delinquent
- Crippled
- Defective
- mentally
- Mother's aid

- Father dead
- Mother dead
- Full orphan
- Fa. deserted
- Mo. deserted
- Divorced
- Separated
- Fa. in Insti.
- Mo. in Insti.

- No support
- Broken home
- Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Relatives	Own home	Board home	Free home	Wage home	Institution	Financ. care	Super-vision	Dis-charged
8/6/36	Edward E. Edmondson	Columbus 0		X							X

√

At Acceptance
child living with

Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.

- Both parents
- Father
- Mother
- Father and step mo.
- Mother and step fa.
- Relatives
- Institution
- Other (specify)
-
-

Name Dorothy Edmondson Date rec'd 5/26/36

Birth date Apex Birthplace Apex

3-18-21

Legal residence: State Ohio County Union City

Father Elmer E. Edmondson Address Junction City Brick

Plant

Mother Savannah C. Address Columbus, O.

County Home

Father Address
Step Mother Address

Occurrence: New * Old Recurrent

Legal Status: Permanent Temporary * Court committed

Surrendered by-Father Mother No surrender

Otherwise (specify)

Received for aid or service: with change of domicile

without change of domicile

Support by: County * City

Parents: In full Partial

Otherwise (specify)

M. F.
 W. C.

Protestant
 Catholic
 Jewish
 Legitimate
 Illegitimate
 Foundling
 Nationality
 Fa.
 Mo.

Dependent
 Neglected
 Delinquent
 Crippled
 Defective
 mentally
Mother's aid

Father dead
Mother dead
Full orphan
Fa. deserted
Mo. deserted
Divorced
Separated
 Fa. in Insti.
 Mo. in Insti.

No support
 Broken home
 Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Relatives	Own home	Board home	Free home	Wage home	Institution	Financ. care	Supervision	Discharged
8/6/36	Elmer E. Edmondson	Columbus, O		X							X

✓ At Acceptance
child living with

Both parents
Father
Mother
Father and step mo.
Mother and step fa.
Relatives
Institution
Other (specify)

.....
.....

Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.

INSTITUTION AND AGENCY CARD

1. Name of child Elliott-Robert 2. Date accepted Nov. 20 '39 3. Case No. 1081
4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year within this year 5. Religion: Prot. R. C. G. C. Jew Other None
6. Race: W N O 7. Sex: M F 8. Date of birth 9-23-32 9. Place of birth Allen Twp. State or country
10. Received from: Love Township County Union - Ohio State or country
11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement
12. Name of father Chas. Markes Elliott 13. Address New Haven, O.
14. Name of mother Lottie Barber Elliott dec. 15. Address dec.
16. Name of other guardian 17. Address
18. Whereabouts of child when accepted Living with father 19. Status of child's parents when accepted mother deceased
20. Whereabouts of child's parents when accepted: { Father New Haven, Ohio. Own home
Mother deceased.
21. Assistance received by household: { At time of acceptance W.P.A. Township Relief
Within last two years
22. Notes:

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
7/13-44	C.M. Elliot	Maysville, O.	X								X

2. Reason for closing

Released from control case & custody of C.H. by order of Juv. C.

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

INSTITUTION AND AGENCY CARD

1. Name of child Elliott - Ray 2. Date accepted 11-25-39 3. Case No. 1081
4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year within this year 5. Religion: Prot. R. C. G. C. Jew Other None
6. Race: W N O 7. Sex: M F 8. Date of birth 6-30-34 9. Place of birth Blower Twp
10. Received from: Blower Township County Union - Ohio State or country
11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement
12. Name of father Elliott - Chas. Markes 13. Address New Blower, O.
14. Name of mother Lottie Barber-Elliott 15. Address dec.
16. Name of other guardian..... 17. Address.....
18. Whereabouts of child when accepted Living with father 19. Status of child's parents when accepted mother deceased
20. Whereabouts of child's parents when accepted: { Father New Blower, Ohio. Own home
Mother Deceased
21. Assistance received by household: { At time of acceptance W. P. A. Township Relief
Within last two years.....
22. Notes:

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
7/13-44	C. M. Elliot	Maywell	X								X

2. Reason for closing.....

Order of the Juvenile Court.

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

Name **Janice ENMERT** Date rec'd **7/22/38**
 Birth date **3/24/33** Birthplace **Marysville** (*Returned 4/1*)
 Legal residence: State **Ohio** County **Union** City **Marysville**
 Father **John Conrad Emmert** Address **S. Court St. Marysville**
 Mother **Irene Wibley** " Address **S. Oak St. "**
 Father Address
 Step Mother Address
 Occurrence: New Old Recurrent
 Legal Status: Permanent Temporary Court committed
 Surrendered by: Father Mother No surrender
 Otherwise (specify) _____
 Received for aid or service: with change of domicile _____
 without change of domicile _____
 Support by: County City _____
 Parents: In full _____ Partial **Yes-Father**
 Otherwise (specify) _____

M. F.
 W. C.
 * Protestant
 Catholic
 Jewish
 Legitimate
 Illegitimate
 Founding
 Nationality
 A Fa.
 A Mo.
 Dependent
 Neglected
 Delinquent
 Crippled
 Defective
 mentally
 Mother's Aid
 Father dead
 Mother dead
 Full orphan
 Fa. deserted
 Mo. deserted
 Divorced
 Separated
 Fa. in Insti.
 Mo. in Insti.
 No support
 Broken home
 Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Relatives	Own home	Board home	Free home	Wage home	Institution	Financ. care	Super-vision	Dis-charged
9-1-40	Parents John Emmert	Marysville Ohio		X							X
9-6-40	Released by Probate Judge Hagen 10-6-41- Returned to Ch. Home	White Cross Hospital for training									X

✓	At Acceptance child living with	Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.
X	Both parents Father Mother Father and step mo. Mother and step fa. Relatives Institution Other (specify)	Returned to C.H. Order of J.C. 10-6-41 Temp.

Name..... **EMMERT-Margaret** Date rec'd..... **7/22/38**

Birth date..... **7/16/27** Birthplace..... **Marysville, Ohio**

Legal residence: State..... **Ohio** County..... **Union** City..... **Marysville**

Father..... **John Conrad Emmert** Address..... **S. Court St. Marysville**

Mother..... **Irene Wibley "** Address..... **S. Oak St. "**

Father.....
Step Mother..... Address.....

Occurrence: New..... * Old..... Recurrent.....

Legal Status: Permanent..... Temporary..... * Court committed..... *

Surrendered by Father..... * Mother..... No surrender.....

Otherwise (specify)

Received for aid or service: with change of domicile

without change of domicile.....

Support by: County..... * City.....

Parents: In full..... Partial..... **Yes-Father**

Otherwise (specify)

V

M. *F.
W. C.
* Protestant
Catholic
Jewish
* Legitimate
Illegitimate
Foundling
Nationality
A Fa.
A Mo.

Dependent
* Neglected
Delinquent
Crippled
Defective
mentally
Mother's Aid

Father dead
Mother dead
Full orphan
Fa. deserted
Mo. deserted
* Divorced
* Separated
Fa. in Insti.
Mo. in Insti.

No support
Broken home
* Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Dis- charged	Super- vision	Financ. care	Insti- tution	Wage home	Free home	Board home	Own home	Rela- tives
7/5-40	Mr. & Mrs Sam Neal	Manassas, C. R. R. 5		X				X			
7/5-40	Own Parents	" " Maple St								X	
	Order of the Juvenile Court.										
	10-6-41 - Returned to Home										
4/43	Mr. & Mrs Wm Coleman	Manassas, C.		X			X				
	legal age - dis										

✓	At Acceptance child living with	Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.
✓	Both parents Father Mother Father and step mo. Mother and step fa. Relatives Institution Other (specify)	Ret to C.H. Order J.C. 10-6-41 Per.

Name **EMMERT - Maybelle** Date rec'd **7/22/38**

Birth date **1-11-25** Birthplace **Marysville, Ohio**

Legal residence: State **Ohio** County **Union** City **Marysville**

Father **John Conrad Emmert** Address **S. Court St. Marysville**

Mother **Irene Wibley** Address **S. Oak St.**

Father Address

Step Mother Address

Occurrence: New * Old Recurrent *

Legal Status: Permanent Temporary * Court committed *

Surrendered by: Father * Mother No surrender

Otherwise (specify)

Received for aid or service: with change of domicile

without change of domicile

Support by: County * City

Parents: In full Partial **Yes-Father**

Otherwise (specify)

M. * F.
W. C.
Protestant
Catholic
Jewish
Legitimate
Illegitimate
Foundling
Nationality
Fa.
Mo.

Dependent
Neglected
Delinquent
Crippled
Defective
mentally
Mother's Aid

Father dead
Mother dead
Full orphan
Fa. deserted
Mo. deserted
Divorced
* Separated
Fa. in Insti.
Mo. in Insti.

No support
Broken home
* Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Dis- charged	Super- vision	Financ. care	Insti- tution	Wage home	Free home	Board home	Own home	Re-la- tives
9/28	40 - Parents	Maysville Ohio								X	
	Returned to Ch + Home - Permanent Commit										
8/42	Geo James	Del Ray Beach Florida -									
11/43	Det Howard	Urbana, O		X			X				
1-46	Discharged because of legal age.										

✓	At Acceptance child living with	Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.
✓	Both parents Father Mother Father and step mo. Mother and step fa. Relatives Institution Other (specify)	Ret. to C.H. Order of J.C. 10-6-41 - Per.

INSTITUTION AND AGENCY CARD

1. Name of child William Emmet 2. Date accepted 7-22-38 3. Case No.

4. Status of case: Reopened: Case last closed Reopened: Case last closed 5. Religion: Prot. R. C. G. C. Jew Other None

New prior to this year within this year 6. Race: W N O 7. Sex: M F 8. Date of birth 5-12-32 9. Place of birth Ohio Co

10. Received from: Juvenile Court County Union State or country

11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement

12. Name of father John C. Emmet 13. Address Manzville, O

14. Name of mother Helen Willey - " 15. Address "

16. Name of other guardian 17. Address

18. Whereabouts of child when accepted Parents 19. Status of child's parents when accepted

20. Whereabouts of child's parents when accepted: { Father
Mother

21. Assistance received by household: { At time of acceptance
Within last two years

22. Notes: Child was in our home, mo. left frequently & would be gone for days. Family got along to the best of their ability. He had several a buns in W. R. was delinquent. At his ch. should be taken from her & placed in ch. Home again.

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
1948	Boarding self. Working at Hull Implement Co. Sat & evenings. finishing Senior year at school.	W. 5 th St. Mansville, O.									
5-0-	Joint An. Camp. - Betty is a fine boy.	With relatives -									X

2. Reason for closing

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

NAME Alta Mae ErwinNo. 751MALE
FEMALEDATE BORN Dec. 29th. - 1918DATE REC'D 3-13-30

PROT.

FATHER Arthur M. ErwinLIVING ~~DEAD~~

R.C.

ADDRESS Somersville, O.

JEW

COLORED

MOTHER Delia Grace Potts ErwinLIVING ~~DEAD~~

WHITE

ADDRESS Somersville, O.

ILLEG.

REC'D FROM Somersville, O. TWP. OR CITY Union

CO.

Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	<u>3-13-30</u>						
Admitted by Trustees or Managers	<u>yes</u>	<u>Temp.</u>					
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Mother at present cannot furnish home-no income
Father in Penitentiary-Columbus, O.

NAME Catherine Elizabeth Erwin No. 751
 DATE BORN Sept. 28th. - 1914 DATE REC'D 3-13-30
 FATHER Arthur M. Erwin LIVING DEAD*
 ADDRESS Somersville, O.
 MOTHER Delia Grace Potts Erwin LIVING DEAD*
 ADDRESS Somersville, O.
 REC'D FROM Somersville TWP. OR CITY Union CO. A. Nationality

MALE
 *FEMALE
 *PROT.
 R.C.
 JEW
 COLORED
 *WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	Yes	Temp.					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Mother has no income for child,
 Father in penitentiary, Columbus, O.

NAME Irene Junita Erwin

No. 751

MALE

*FEMALE

DATE BORN 1-26-23

DATE REC'D 3-13-30

*PROT.

FATHER Arthur M. Erwin

LIVING *DEAD

R.C.

ADDRESS Somersville, O.

JEW

MOTHER Delia Grace Potts Erwin

LIVING *DEAD

*COLORED

ADDRESS Somersville, O.

*WHITE

REC'D FROM Somersville, O. TWP. OR CITY Union

CO. A

ILLEG.

Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	3-13-30	Temp.					
Admitted by Trustees or Managers	Yes						
Surrendered by Father Mother							

CAUSE OF DEPENDENCY

Mother at present cannot furnish home-no income
 Father in Penitentiary, Columbus, O.

NAME James Wilson Erwin

No. 751

DATE BORN Jan. 29th. - 1916

DATE REC'D 3-13-30

FATHER Arthur M. Erwin

LIVING

DEAD

ADDRESS Somersville, O.

MOTHER Delia Grace Potts Erwin

LIVING

DEAD

ADDRESS Somersville, O.

REC'D FROM Somersville, O. TWP. OR CITY

Union

CO.

* MALE
 * FEMALE
 * PROT.
 R.C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 A Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	3-13-30 yes	Temp					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Mother at present cannot furnish home-no income

Father in Penitentiary-Columbus, O.

NAME **Clyde Milton Fauth**No. **793**DATE BORN **1-8-20**DATE REC'D **4-25-31**FATHER **Fredrick Fauth**

LIVING

DEADADDRESS **Union Co. Home**MOTHER **Elnora Mae Fauth**~~LIVING~~

DEAD

ADDRESS

REC'D FROM **Unionville Center** TWP. OR CITY**Union**

CO.

* MALE
 FEMALE
 * PROT.
 R. C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 Nationality
A.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	4-25-31	Temp.					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father Sick and unable to work-Mother deceased**Step Mother gone-address unknown**

NAME **Fauth George Eldon**No. **793**DATE BORN **7-5-23**DATE REC'D **4-25-31**FATHER **Fredrick Fauth**

LIVING

~~DEAD~~ADDRESS **Union Co. Home**MOTHER **Elnora Mae Fauth**~~LIVING~~

DEAD

ADDRESS **Deceased**REC'D FROM **Union Ville Center** WP. OR CITY**Union**

CO.

*MALE
FEMALE

*PROT.

R. C.

JEW

COLORED

WHITE

ILLEG.

Nationality

A.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	4-25-31	Temp.					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father sick and unable to work-Mother deceased**Step Mother Gone-Address unknown**

NAME Kathryn Jean Fauth

No. 793

 * MALE
 * FEMALE
 * PROT.
 R. C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 Nationality
 A.

DATE BORN

6-1-18

DATE REC'D

4-25-31

FATHER

Fredrick Fauth

LIVING

~~DEAD~~*

ADDRESS

Union Co. Home

MOTHER

Elnora Fauth

~~DEAD~~

DEAD

ADDRESS

-

REC'D FROM

Unionville Center WP. OR CITY

Union

CO.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	4-25-31	Temp.					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father is sick and unable to care for children,
 Mother deceased- Step Mother left-address unknown

NAME **Fauth John Elmer**

No. **793**

*MALE
FEMALE

DATE BORN

11-4-24

DATE REC'D

4-25-31

*PROT.

FATHER

Fredrick Fauth

LIVING

***DEAD**

R. C.

ADDRESS

Union Co. Home

JEW

COLORED

MOTHER

Elnora Mae Fauth

~~LIVING~~

DEAD

*WHITE

ILLEG.

ADDRESS

Deceased

Nationality

REC'D FROM

Unionville Center

TWP. OR CITY

Union

CO.

A.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	4-25-31	Temp.					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father sick and unable to work-Mother deceased

Step mother gone-address unknown

INSTITUTION AND AGENCY CARD

1. Name of child Fields - Annabelle 2. Date accepted May 11, 49 3. Case No.

4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year within this year 5. Religion: Prot. R. C. G. C. Jew. Other. None

6. Race: W N O 7. Sex: M F 8. Date of birth May 9, 45 9. Place of Birth
Y X Verified: Y N

10. Received from County State or Country

11. How Received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement X

12. Name of father 13. Address

14. Name of mother Fields - Bonita 15. Address Marysville, O. R.R. 5

16. Name of other guardian 17. Address

18. Whereabouts of child when accepted 19. Status of child's parents when accepted

20. Whereabouts of child's parents when accepted: { Father
Mother

21. Assistance received by household: { At time of acceptance
Within last two years

22. Notes: Mother boarding Anna Belle here for a few months while she is working.

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
Sept-30	Bonita Fields	Kentucky	X								X

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

NAME *Fletcher, Edith* NO. *25*
 DATE BORN *8-3-07* DATE REC'D. *9-4-15*
 FATHER *Oliver Fletcher* LIVING-DEAD
 ADDRESS
 MOTHER *Blara M^c. Pherson.* LIVING-DEAD
 ADDRESS
 REC'D FROM *Richwood* TWP. OR CITY **UNION** CO. Nationality *a*

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality *a*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers	<i>9-4-15</i>						
Surrendered by Father Mother							

CAUSE OF DEPENDENCY

Mother died.

	DATE	WITH WHOM	ADDRESS
PLACED	11-29-15	Mt. Vernon Sanitarium	Mt. Vernon
RETURNED	9-2-16		
REPLACED	Sept. 30. ¹⁹¹⁹	John McMillen, Richwood, O.	
RETURNED		3 miles west.	
REPLACED			
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
11-11-19.	Trustee.	Good.			
6-10-20	Supt.	Good.			
8/30-21	Trustee	Good Home			
7/19/22.	"	Matron Fair Home.			
11/12/23.	"	Placed in O.S.S. Mt Vernon Ohio			
7/27-27	Supt + Matron	Good Home			

NAME *Fletcher, Helen* NO. *24*
 DATE BORN *6-5-1902* DATE REC'D. *8-19-10*
 FATHER *William Fletcher* LIVING-DEAD
 ADDRESS *Richwood, O.*
 MOTHER *Ella Douglass Fletcher* LIVING-DEAD
 ADDRESS
 REC'D FROM *Richwood* TWP. OR CITY **UNION** CO.

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers	<i>8-19-10</i>		<i>L</i>				
Surrendered by ^{Father} Mother							

CAUSE OF DEPENDENCY

Parents separated.
for ... of age ...

	DATE	WITH WHOM	ADDRESS
PLACED	3-14-11	Mrs. Geo. Mouser	Milford Ct., O.
RETURNED			
REPLACED	6-3-15	Mrs. May Elliott	Marysville, O.
RETURNED	8-14-15		
REPLACED		Helen worked at Home for wages	
RETURNED		after 17 yrs. of age	
REPLACED	3-25-21	Afterwards placed with W. L.	
RETURNED		Blaney - Plain City, Ohio.	

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
1-16	Sept. + June -				

NAME *Fletcher, James* NO.
 DATE BORN *10-27-01* DATE REC'D *9-4-15*
 FATHER *Oliver Fletcher.* LIVING-DEAD
 ADDRESS
 MOTHER *Clara M^c Pherson.* LIVING-DEAD
 ADDRESS
 REC'D FROM *Richwood.* TWP. OR CITY **UNION** CO.

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality *a*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers	<i>9-4-15</i>		<i>L</i>				
Surrendered by Father Mother							

CAUSE OF DEPENDENCY

Mother died

	DATE	WITH WHOM	ADDRESS
PLACED	11-29-15	Mt. Vernon TB San	Mt. Vernon, O.
RETURNED	12-18-16		
REPLACED	1-2-17	John McMillen	Richwood, O.
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
6-22-17	Supt. & June		7/30/24	Matron	good to
8-8-18	" "	Fine home			
11-11-19	Trustees	Good.			
6-10-20	Supt.	Good.			
8-30-21	Mr. Clipstone	Good Home.			
5-19-23	Supt & Matron	Getting along fine.			

NAME *Fletcher, Ruth* NO. _____
 DATE BORN *8-1-05* DATE REC'D *9-4-15*
 FATHER *Oliver Fletcher* ~~LIVING-DEAD~~
 ADDRESS _____
 MOTHER *Clara M^c Pherson* ~~LIVING-DEAD~~
 ADDRESS _____
 REC'D FROM *Richwood* TWP. OR CITY **UNION** CO. _____
 MALE _____
 FEMALE
 PROT.
 R. C. _____
 JEW _____
 COLORED _____
 WHITE
 ILLEG. _____
 Nationality *a*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers	<i>9-14-15</i>		<i>r</i>				
Surrendered by <input type="checkbox"/> Father <input type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Mother died.

	DATE	WITH WHOM	ADDRESS
PLACED	11-29-15	Mt. Vernon T.B. San.	Mt. Vernon, O.
RETURNED	9-2-16		
REPLACED	10-15-16	John Kimmikous (father worked with them)	Richwood, O.
RETURNED	9-10-17		
REPLACED	3-20-18	Fred. Graham	Richwood, O.
RETURNED		C. E. Hagay E. Blagron St	Richwood.
REPLACED		at Aunt's Troy Ohio	
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
6-21-17	Supt. & Trust				
8-8-18	" "				
11-5-19	Trustee	Klipstine Good			
6-11-20	Klipstine.	Good.			
8/30-21	Supt. & Trustees	Good Home.			
7/19-22	Supt & Matron	Trustees			good Home.
5-10-23	Matron & Trustees	inspected.			married

NAME *Eva Mae Foreman* No.
 DATE BORN *6-21-1922* DATE REC'D. *9-18-1925*
 FATHER *Francis Foreman* LIVING-DEAD
 ADDRESS *Wd Factory.*
 MOTHER *Leah Foreman* LIVING-DEAD
 ADDRESS *Marysville Co.*
 REC'D FROM *Father* TWP. OR CITY *Wd Factory.* CO.
 Males: MALE, FEMALE, PROT., R. C., JEW, COLORED, WHITE, ILLEG., Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>x 9-18-25</i>	<i>Per</i>		<i>By Father & per wk.</i>			
Admitted by Trustees or Managers							
Surrendered by <input checked="" type="checkbox"/> Father <input checked="" type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Wd Factory

	DATE	WITH WHOM	ADDRESS
PLACED	6/23/32	Grandmother - Mrs. Willis Beard	Richwood, O. R. 3
RETURNED	11/27/32	From " "	" "
REPLACED	5/1/34	Foster Home - Mrs. James O'Brian	Marysville R. 2
RETURNED	4/7/34	" "	" "
REPLACED	7/2/37	" "	Memphis Myers " "
RETURNED	3/5/38	" "	" "
REPLACED	6/16/38	" "	L. M. Fairbanks Milford Center, O.
RETURNED	7/8/38	" "	" "

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
- 4/1 - 4/2	-	Position in Col. State Life Insurance Co			

Legal age to discharge.

NAME *Francis Carl Foreman* No. *618* MALE FEMALE
 DATE BORN *5-22-75* DATE REC'D. *9-18-25* PROT.
 FATHER *Francis Foreman* LIVING-DEAD. R. C.
 ADDRESS *Mt Victory Co.* JEW
 MOTHER *Leah Beard* LIVING-DEAD. COLORED
 ADDRESS *Marysville Co* WHITE
 REC'D FROM *Mt Victory* TWP. OR CITY CO. ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct. <i>+</i>		<i>Par</i>					
Admitted by Trustees or Managers							
Surrendered by <input type="checkbox"/> Father <input type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Parents Separated

NAME *Howard Emerson Foreman* No. *618*
 DATE BORN *9-19-17* DATE REC'D. *9-18-25*
 FATHER *Francis Foreman* LIVING-DEAD
 ADDRESS *Mt. Victory O.*
 MOTHER *Leah Foreman Beard.* LIVING-DEAD
 ADDRESS *Marysville O.*
 REC'D FROM *J. G.* TWP. OR CITY *Mt. Victory* CO.

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct. <i>X</i>		<i>Per</i>		<i>-</i>	<i>+</i>		<i>per. wk</i>
Admitted by Trustees or Managers							
Surrendered by <input type="checkbox"/> Father <input type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Parents Seperated.

	DATE	WITH WHOM	ADDRESS
PLACED	8/15/31	W. J. Reames	Chauborne, O.
RETURNED	4/21/33	From "	" "
REPLACED	6/21/33	James H. Hay	Marysville, O. R3
RETURNED	8/29/33	From "	" "
REPLACED	9/14/33	O.K. Eastman	" R.D.
RETURNED	10/9/33	" "	" "
REPLACED	11/9/33	O.A. Green	Cortland, O. R2
RETURNED		Case closed - 727-39 - legal age.	

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
6/14/32	S+M	well contented			
		married			

NAME

Myria Foreman

No.

MALE

DATE BORN

7-5-1920

DATE REC'D.

9-18-1925

FEMALE

FATHER

Francis Foreman

LIVING-DEAD

PROT.

ADDRESS

Mt Factory O.

R. C.

MOTHER

Leah Beard

LIVING-DEAD

JEW

ADDRESS

Marysville Co.

COLORED

REC'D FROM

father

TWP. OR CITY

Mt Factory Co.

WHITE

ILLEG.

Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct. <input checked="" type="checkbox"/>	9-18-25	Pa		<input checked="" type="checkbox"/>	1/2	per wk	
Admitted by Trustees or Managers							
Surrendered by Father <input checked="" type="checkbox"/>							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Parents Separated

	DATE	WITH WHOM	ADDRESS
PLACED	6/21/30	Mrs. John M ^{rs} Millen	Richwood, O.
RETURNED	8/23/34	From "	"
REPLACED	6/7/37	Miss Edward Freshwater	New Dover, O.
RETURNED	8/23/37	Re.	"
REPLACED	10/8/37	Mrs Alvi Graham	Marysville, O.
RETURNED	8/5/38	From "	Pres. of Board.
REPLACED	9/14/38	White Cross Hospital	Columbus, O.
RETURNED	9/6/39	In Ch. Home	(Training for Nurses)

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
9/1-40		Returned to Nurses Training School at White Cross			

2/9/31 M. & Supt. Five Home
 7/23/31 .. + ..
 6/15/32 .. + ..
 3/13-34 Matron ..

Myra was 21 July 07/94/ and was discharged
 from the jurisdiction of the Ch. Home.

NAME *Garif Gallant* NO. *484*
 DATE BORN *11-20-1912* DATE REC'D. *12-19-1922*
 FATHER _____ LIVING-DEAD _____
 ADDRESS *Richwood Ohio R.F.D. no 2.*
 MOTHER *Alpha Bruce Gallant* LIVING-DEAD _____
 ADDRESS *Richwood Ohio R.F.D. no. 2.*
 REC'D FROM *Richwood O. TWP. OR CITY* *Union* CO. _____

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 a. Nationality _____

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
<i>Ju</i> Committed by Juv. Ct. <input checked="" type="checkbox"/> <i>12-19-22.</i> Admitted by _____ Trustees or Managers _____ Surrendered by <input type="checkbox"/> Father <input type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

*Family destitute circumstances.
 Home environment poor and detrimental
 to proper care of child.*

	DATE	WITH WHOM	ADDRESS
PLACED	7/11/23	J H Cross	Marysville
RETURNED	11-5-23		
REPLACED	4/29/24	Mrs. Wm. Barnett	Marysville, U.S.
RETURNED			
REPLACED	Discharged-8-31-32		
RETURNED	Married		
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
4-26-25		Matron Good.			
6-30/27	Supt	Matron conditions Good			
11/16/28	"	" Good Home -			
1/1/29	"	"			
2/9/31	"	"			

NAME *Catherine Gallant* NO. *483*
 BORN *11-20-1912* DATE REC'D. *12-19-1922*
 FATHER _____ LIVING-DEAD
 ADDRESS _____
 MOTHER *Alpha Bruce, Gallant* LIVING-DEAD _____
 ADDRESS *Richwood, Ohio.*
 REC'D FROM *Richwood O.* TWP. OR CITY *Union* CO. *W.*

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct. <input checked="" type="checkbox"/>	<i>12-19-22.</i>						
Admitted by Trustees or Managers							
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Family destitute at present and home environments not proper for care of child,

	DATE	WITH WHOM	ADDRESS
PLACED	6/23/28	Mat Mrs Milburn	O'strander
RETURNED	3/25/24	by Mrs Milburn	"
REPLACED	2-1-27	Louis Conklin	Plain City R.R.
RETURNED	2-5-28	Did not satisfactory	"
REPLACED	5/28/28	D. A. Snyder	Marysville, O. R. 3
RETURNED	9/2/28	By "	"
REPLACED	6/7/28	F. G. Fowler	1896 Guilford Rd. Columbus, O.
RETURNED	11/24/28	Re -	Moved to 1168 Elmwood Ave

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
1-28	Matron	good Home			
7/29/27	Supt & Matron	Good Home.			
9/10/29	supt & Matron	Good Home			

No. [REDACTED]

Catherine Callant

No. 483

DATE BORN

DATE REC'D

FATHER

LIVING

DEAD

ADDRESS

MOTHER

LIVING

DEAD

ADDRESS

REC'D FROM

TWP. OR CITY

CO.

 MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court							
Admitted by Trustees or Managers							
- Surrendered by Father Mother							

CAUSE OF DEPENDENCY

	DATE	WITH WHOM	ADDRESS
PLACED	-26-29	Chalmers Parker	2000 Fairfax Road
RETURNED		University W 2131 W.	Columbus, O.
REPLACED		Juvenile Research.	
RETURNED	12-15-30	From " "	
REPLACED	1-20-31	St. Clair Hospital - St. Clair Ave.	Columbus, O.
RETURNED		(For Nurse Training)	
REPLACED	4-7-31	Transferred - From St. Clair Hospital	
RETURNED		To Convent of the Good Shepherd - Columbus, O.	

B1

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
12/17/29	matron	Satisfied - good Home			
		Discharged	11-20		33
		Legal Age!			

NAME *Choy Gallant* No. *702*
 DATE BORN *2-21-25* DATE REC'D *1-24-28*
 FATHER *Norris Gallant*
 ADDRESS *Magnolia Springs 0*
 MOTHER *Alpha Gallant*
 ADDRESS *Same*
 REC'D FROM *Leesburg* TWP. OR CITY *Union* CO. *American*

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	<i>1-24-28 per</i>			<i>yes</i>			<i>\$1.00 per wk.</i>
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father in jail at present & Mother in Reformatory

	DATE	WITH WHOM	ADDRESS
PLACED	9-29-29	C.D. Alspach	Marysville, O. R2
RETURNED	8/2/30	From " "	" "
REPLACED	10-27-30	C.D. Alspach	Findlay, O.
RETURNED	9-28-31	From " "	" "
REPLACED	6-1-35	C.D. Alspach - visit	" "
RETURNED	7-8-35	From " "	" "
REPLACED	8/7/38	Kenneth & Thelma Smith Marysville, R.D.	
RETURNED	7-13-41	N.Y.G. Vacation School, Mansfield, Ohio	
	8-25-41	Home from ^{RECOGNITION} School - placed with Mrs Newlome.	

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
2/28/30	Supt. Matron	Good Home			joined the U.S. Navy.
7/20/31	" "	" "			
38-	" "	" "			
39-	" "	" "			
40	" "	" "			
		legal age. black and white			

NAME *Iro Gallant* No. *702* X MALE
 DATE BORN *9-30-16* DATE REC'D *1-24-28* X FEMALE
 FATHER *Norris Gallant* PROT.
 ADDRESS *Magnetic Springs Co.* R. C.
 MOTHER *Orpha Gallant* X JEW
 ADDRESS *Same* COLORED
 REC'D FROM *Leesburg* TWP. OR CITY *Union* CO. X WHITE
American ILLEG.

Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	<i>1-24-28</i>	<i>per</i>		<i>yes</i>			<i>\$1.00 per Wk.</i>
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father in jail at present & Mother in Reform.

NAME *Luther Gallant* No. *702* X MALE
 DATE BORN *11-5-20* DATE REC'D *1-24-28* Y FEMALE
 FATHER *Norris Gallant* PROT.
 ADDRESS *Magnolia Springs O.* R. C.
 MOTHER *Alpha Gallant* X JEW
 ADDRESS *Same* ILLEG.
 REC'D FROM *Leesburg* TWP. OR CITY *Union* CO. Nationality
American

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	<i>1-24-28</i>	<i>pr</i>		<i>yes</i>			<i>\$1.00 per W.K.</i>
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father in jail at present & Mother in Reformatory

NAME **Marjory Lucille Gallant**No. **728**DATE BORN **3-8-27**DATE REC'D **12-8-28**FATHER **Norris Gallant**ADDRESS **Deshler, O.**MOTHER **Orpha Gallant**ADDRESS **Ohio Reformatory for Women-Marysville, O.**REC'D FROM **Reformatory** TWP. OR CITY

CO.

MALE
 * FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	12/8/28	Temp.					
Admitted by Trustees or Managers							
Father Surrendered by Mother	Commitment changed to permanent 8-13-29 By Judge Juvenile						

CAUSE OF DEPENDENCY

Court

Mother in Reformatory at present time, no one is able to contribute toward support of said child.

	DATE	WITH WHOM	ADDRESS
PLACED	9-29-29	Lewis Edgar Burnside	460 Elgin Court Marion, O.
RETURNED			
REPLACED		ADOPTED BY EDGAR BURNSIDE	
RETURNED		JANUARY 19th. 1931-Judge Oscar Gast	
REPLACED		Marion, O.	
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
12/29	Matson	Fire House			
1/4/30	"	" "			
1/9/31	"	" "			
		(adopted)			
		Jan 19-31			

NAME *Sylvia Gallant* NO. *485*
 DATE BORN *5-13-1915* DATE REC'D. *12-19-1922*
 FATHER *Norris Gallant* LIVING-DEAD
 ADDRESS *Richwood Ohio, R.F.D. no. 2*
 MOTHER *Alpha Bruce, Gallant* LIVING-DEAD
 ADDRESS *Richwood, O. Route H. 2.*
 REC'D FROM *Richwood O.* TWP. OR CITY *Union* CO.

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>Y 12-19-22</i>						
Admitted by Trustees or Managers							
Surrendered by Father Mother							

CAUSE OF DEPENDENCY

Family destitute at present and home environments not proper for care of child.

	DATE	WITH WHOM	ADDRESS
PLACED			
RETURNED	2-4-23.	Parents	Richwood, O.
REPLACED	1-24-28	Returned to C. Honie	
RETURNED	12/6-30	With Mother	Custar, O. R 2
REPLACED		(Remarried Mrs Harvey Clark)	
RETURNED			
REPLACED		(Legal Age)	
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
6, 9, 24	Matron	Fair			
3/21/31	Supt & M.	Just Fair			

NAME *Elmer Gammell* NO *496*
 DATE BORN *Aug. 17. 1916.* DATE REC'D. *3-21-1923*
 FATHER *J. E. Gammell.* LIVING-DEAD
 ADDRESS *Milford Center, Ct.*
 MOTHER *Sarah Gammell.* LIVING-DEAD
 ADDRESS *Milford Center*
 REC'D FROM *Allen Lyp.* TWP. OR CITY CO

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers							
Surrendered by <input type="checkbox"/> Father <input type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Condition of home very bad.

DATE

WITH WHOM

ADDRESS

PLACED

3-21-1923. Champaign Co.

RETURNED

Children's Home

Urbana. Ill

REPLACED

RETURNED

REPLACED

RETURNED

REPLACED

RETURNED

RECORD OF VISITS

DATE BY WHOM

REMARKS

DATE

BY WHOM

REMARKS

NAME *Helen Gammell* NO *498*
 DATE BORN *3-31-1911* DATE REC'D *3-21-1923*
 FATHER *J. E. Gammell* LIVING-DEAD
 ADDRESS *Milford Center, Ct.*
 MOTHER *Sarah Gammell* LIVING-DEAD
 ADDRESS *Milford Center*
 REC'D FROM *Allen Twp.* TWP. OR CITY CO

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Ct.	<input checked="" type="checkbox"/> <i>3-21-23</i>						
Admitted by Trustees or Managers							
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Condition of home very bad. lack of food. and etc.

NAME *Ivan Gammell* NO *497*
 DATE BORN *Aug 31 - 1914* DATE REC'D. *3 - 21 - 1923*
 FATHER *J. E. Gammell* LIVING-DEAD
 ADDRESS *Milford Center Ct*
 MOTHER *Sarah Gammell* LIVING-DEAD
 ADDRESS *Milford Center Ct*
 REC'D FROM *Allen Twp.* TWP. OR CITY CO

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers							
Surrendered by <input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Condition of home very bad.

DATE

WITH WHOM

ADDRESS

PLACED

3-21-1923

Children's Home, Urbana, Chic

RETURNED

Champaign Co.

REPLACED

RETURNED

REPLACED

RETURNED

REPLACED

RETURNED

RECORD OF VISITS

DATE BY WHOM

REMARKS

DATE BY WHOM

REMARKS

NAME *Robert Gammell* NO *495*
 DATE BORN *6-10-1908* DATE REC'D *3-21-23*
 FATHER *J. E. Gammell* X LIVING-DEAD
 ADDRESS *Milford Center - Ohio*
 MOTHER *Sarah Gammell* X LIVING-DEAD
 ADDRESS *Milford Center, O.*
 REC'D FROM *Allen Trip* TWP. OR CITY CO

MALE
 FEMALE
 PROT.
 R. C.
 IEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct							
Admitted by Trustees or Managers							
Surrendered by <input type="checkbox"/> Father <input type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

*Home is not proper place for child
 Lack of food. proper clothing
 condition of home very bad.*

NAME *Gardner, Eliza* NO. _____
 DATE BORN *4-23-04* DATE REC'D *4-19-06*
 FATHER *George Gardner* LIVING-DEAD
 ADDRESS _____
 MOTHER *Bertha Gardner (Bixler)* LIVING-DEAD
 ADDRESS _____
 REC'D FROM *Arnold* TWP. OR CITY **UNION** CO. _____
 MALE _____
 FEMALE
 PROT.
 R. C. _____
 JEW _____
 COLORED _____
 WHITE
 ILLEG. _____
 Nationality _____

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers	<i>4-19-06</i>		<i>r</i>				
Surrendered by <input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Father and Mother dead.

of age

INSTITUTION AND AGENCY CARD

1. Name of child Gilson - Anne Margaret 2. Date accepted Oct. 20-41 3. Case No. 1132

4. Status of case: Reopened: Case last closed Reopened: Case last closed New prior to this year..... 5. Religion: Prot. R. C. G. C. Jew Other..... None

6. Race: W N O..... 7. Sex: M F 8. Date of birth 12-23-27 9. Place of birth New Haven

10. Received from: Juvenile Court Union County Marquette, O. State or country

11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement

12. Name of father Merle Gilson 13. Address New Haven Ohio

14. Name of mother Mary Pauline Gilson 15. Address New Haven Ohio

16. Name of other guardian..... 17. Address.....

18. Whereabouts of child when accepted own home 19. Status of child's parents when accepted married

20. Whereabouts of child's parents when accepted: { Father In own home
Mother.....

21. Assistance received by household: { At time of acceptance.....
Within last two years.....

22. Notes: Parents were unable to control girl, spent nights with disreputable family in Haven. Refused to go home. Mother had girl placed in Home until 18 years of age.

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
11/6-44	Parents	Mansville, Ohio									X
1946-	Married-	Discharged									

2. Reason for closing.....

Girl released from Home, 11-6-44

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

11/3-44 - Motion found position for girl in telephone office. Judge released her to parents.

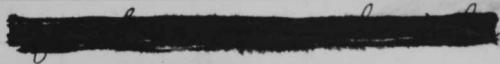
NAME *Zella Ruth Glass* NO. *5* MALE
 DATE BORN *Aug. 15. 1910.* DATE REC'D *Jan. 24. 1919* FEMALE
 FATHER *Harkless Glass* ~~LIVING-DEAD~~ PROT.
 ADDRESS *at State Hospital* R. C.
 MOTHER *Mrs. Myrtle Davids Glass* ~~LIVING-DEAD~~ JEW
 ADDRESS *Sabina, O. R.R. #3* COLORED
 REC'D FROM *Juvenile Court* TWP. OR CITY **UNION** ILLEG.
 CO. Nationality *A*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>1-24-19</i>						<i>\$3.00 per wks.</i>
Admitted by Trustees or Managers							
Surrendered by ^{Father} Mother							

CAUSE OF DEPENDENCY

Father dead.



	DATE	WITH WHOM	ADDRESS
PLACED	4/29/24	Floyd Shaw	Marysville, O.
RETURNED	6/12/25		
REPLACED	5-27-27	Bernard Anderson	Marysville P. D. 1.
RETURNED	9-2-29	Transferred to Dr. P. T. Engard Marysville, O.	
REPLACED	5-27-30	" from P. T. Engard - To Elnore Davis	
TRANS. RETURNED	1-31-31	From Elnore Davis - Raymond, O. To ^{Raymond} Clifton Springs Sanitarium - Clifton Springs, N. Y. for Nurses training	
REPLACED			
RETURNED		Discharged: Legal Age	

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
7/31/24	matron	good Home			
4/27/25	"	fair Home			
6/27	Supt & matron	Good Home.			
11/5/28	"	Good			
4/6/30	"	"			
11/22/30	"	"			
8/13/31	Pres & Board	" satisfied with work.			

NAME *Glass, Forest* NO. *20* MALE
 DATE BORN *9-15-05* DATE REC'D. *11-21-17* FEMALE
 FATHER *Harkless Glass* LIVING-DEAD- PROT.
 ADDRESS R. C.
 MOTHER *Mertie Davids Glass.* LIVING-DEAD- JEW
 ADDRESS *Sabina, O.* WHITE
 REC'D FROM *York Sp.* TWP. OR CITY **UNION** CO. *a* ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers	<i>11-21-17</i>	<input checked="" type="checkbox"/>					<i>\$1.00 per week.</i>
Surrendered by ^{Father} Mother							<i>1718- \$2.00 ps. wke.</i>

CAUSE OF DEPENDENCY

Father died 

	DATE	WITH WHOM	ADDRESS
PLACED	¹⁹¹⁹ Apr. 19.	^{Mrs.} Mrs. J. W. Morris,	Broadway, Ohio.
RETURNED	12-15'20	Returned	
REPLACED	12-29'20	With Otie Amrine,	New Dover, Ohio
RETURNED	2-21'22	Returned.	
REPLACED	4-10'22	With Louis Aurine	Marysville, O
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
11-7-19	Trustees.	Good.	4/27/35	M.	good home
6-28-20	Supt.	Good.			
8-30-21	"	+ Trustees Good.			
124	Supt	+ Inaction			
		good home.			
5-27-24		good home			
7-31-24					
11-9-26		works in Ford garage Marysville			

NAME **GORDEN-MARY E.**No. **1017**DATE BORN **12-1-29**DATE REC'D **3-29-38**FATHER **Hayes Gordon**~~DEAD~~

DEAD

ADDRESS **Deceased**MOTHER **Addie Myers-Call-Gorden**

LIVING

~~DEAD~~ADDRESS **Plain City, Ohio**REC'D FROM **Jerome**

TWP. OR CITY

CO.

MALE

* FEMALE

* PROT.

R. C.

JEW

COLORED

* WHITE

ILLEG.

A Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			
				By Fath.	By Moth.	By Guard.	TERMS
Committed by Juv. Court	3-29-38	Temp.					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

The mother does not have a good home and she is not a good mother and contributes to the delinquency of child by having men come to the home at improper hours in the night time, and by so doing she has lost

her aid for the child.

NAME

Green, Myrtle Fay

NO.

11

DATE BORN

2-10-05

DATE REC'D.

3-2-08

FATHER

LIVING-DEAD

ADDRESS

MOTHER

Mary Green

LIVING-DEAD

ADDRESS

REC'D FROM

Richwood.

TWP. OR CITY

UNION

CO.

MALE

FEMALE ✓

PROT.

R. C.

JEW

COLORED

WHITE ✓

ILLEG. ✓

Nationality

a

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>1</i>						
Admitted by Trustees or Managers	<i>3-2-08</i>						
Surrendered by ^{Father} Mother							

CAUSE OF DEPENDENCY

	DATE	WITH WHOM	ADDRESS
PLACED	7-20-11	Clarence Baker	15 E. Russell St., Col's, O.
RETURNED	9-25-11		
REPLACED	10-30-21	Judge Chas. T. Warner	Wilson Ave., Columbus, Ohio
RETURNED	6-13-22	Returned	
REPLACED	10-12-22	Henry R. Shaffer	64 Bullith Park Place, Columbus, Ohio
RETURNED		Returned	
REPLACED		Conkling	Plain City
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
12, 24, 25 -		Malron. Getting along fine			
		married.			

INSTITUTION AND AGENCY CARD

1. Name of child..... Grove - Glenn..... 2. Date accepted..... 10-23-44..... 3. Case No.....

4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year..... within this year..... 5. Religion: Prot. R. C. G. C. Jew Other..... None

6. Race: W N O..... 7. Sex: M F..... 8. Date of birth..... 3-4-33..... Verified: Y N..... 9. Place of birth..... Tartoria, Ohio
Seneca Co..... State or country

10. Received from: Juvenile Court..... County..... Union Co......
Temporary Permanent Temporary Permanent Voluntary
11. How received: commitment..... commitment..... surrender..... surrender..... agreement.....

12. Name of father..... 13. Address.....

14. Name of mother..... Marthy Cook..... 15. Address..... Manxville, Ohio.....

16. Name of other ~~parent~~..... grandfather - Grove John..... 17. Address..... Tartoria, Ohio.....

18. Whereabouts of child when accepted..... with grandfather..... 19. Status of child's parents when accepted.....

20. Whereabouts of child's parents when accepted: { Father..... Unknown.....
Mother..... With husband - Remarried.....

21. Assistance received by household: { At time of acceptance.....
Within last two years.....

22. Notes: Boy had been living with ma. grandfather. Mother had remarried. Very little attention was given to boy.

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
June '50	Mr. Mrs. J. Casbie	Easton, Ohio 159 Taft Blvd.		X							X

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

INSTITUTION AND AGENCY CARD

1. Name of child..... Hamilton - Judy Helores..... 2. Date accepted..... 5-20-43..... 3. Case No. 1164.....

4. Status of case: Reopened: Case last closed..... Reopened: Case last closed.....
New... ... prior to this year..... within this year..... 5. Religion: Prot. R. C. G. C. Jew Other..... None

6. Race: W N O..... 7. Sex: M F..... 8. Date of birth..... 5-31-41..... Verified: Y N 9. Place of birth..... Union Co. Ohio.....

10. Received from: Juvenile Court Union County Ohio Clairborne Twp...... State or country.....
Temporary Permanent Temporary Permanent Voluntary
11. How received: commitment..... surrender..... agreement.....

12. Name of father..... Hamilton - John Thomas..... 13. Address..... Richwood - O......

14. Name of mother..... Idel..... 15. Address..... " ".....

16. Name of other guardian..... 17. Address.....

18. Whereabouts of child when accepted..... father + mother..... 19. Status of child's parents when accepted..... married.....

20. Whereabouts of child's parents when accepted: { Father..... Richwood O. - working in Marion O.
Mother..... " ".....

21. Assistance received by household: { At time of acceptance.....
Within last two years.....

22. Notes: Father complained that the mother was not caring for children + had them committed to C.H. for care. Mother refused in court to properly care for them. Had job in Marion.

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wake Home	i. Institution	j. Financial Care	k. Super-vision	l. Closed
10/45	Parents	Richwood	X						X	X	
	John + Ethel Hamilton		X						X	X	X
15-2	Judy with parents.										

2. Reason for closing

3. Changes in guardianship (Give date and type)

Case closed Jan. 1952

4. Changes in source of support (Give date and source)

Parents assumed care + support
10/1945 - Father home from Navy
Established home again.

NAME **HARPER-Ann Pauline** No. **1010**
 DATE BORN **8-26-34** DATE REC'D **2-10-38**
 FATHER **Paul Bates Harper** LIVING **###**
 ADDRESS **Plain City, Ohio**
 MOTHER **Lucille Ruth Plant** LIVING **###**
 ADDRESS **Plain City, Ohio**
 REC'D FROM **Jerome Twp.** TWP. OR CITY **Plain City, Ohio** CO.

* MALE
 * FEMALE
 * PROT.
 R. C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 Nationality
A

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	2/10/38	*					
Admitted by Trustees or Managers				*	*		\$8.00 per wk
Father Surrendered by Mother							Total

CAUSE OF DEPENDENCY

Court Order

The father & mother being unable to work together or find sufficient work to support said child:

NAME **HARPER-Catharine Eileen** No. **1010**
 DATE BORN **11-2-29** DATE REC'D **2-10-38**
 FATHER **Paul Bates Harper** LIVING **####**
 ADDRESS **Plain City, Ohio**
 MOTHER **Lucille Ruth Plant** LIVING **####**
 ADDRESS **Plain City, Ohio**
 REC'D FRGM **Jerome Twp.** TWP. OR CITY **Plain City, Ohio** CO.

MALE
 * FEMALE
 * PROT.
 R. C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 A Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	*	*					
Admitted by Trustees or Managers				*	*		Total 8.00 per wk. Court Order
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

The Father & Mother being unable to work together or find sufficient work to support the children.

NAME **Helen GRACE HARPER** No. **835**
 DATE BORN **6-3-17** DATE REC'D **4-1-32**
 FATHER **William Harper** LIVING **DEAD -**
 ADDRESS **Plain City, O.**
 MOTHER **Deceased:** ~~LIVING~~ **DEAD**
 ADDRESS
 REC'D FROM **Plain City, O.** TWP. OR CITY **CO.**

MALE
 * FEMALE
 * PROT.
 R. C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 A Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			
				By Fath.	By Moth.	By Guard.	TERMS
Committed by Juv. Court	3/24/32	Temp.					
Admitted by Trustees or Managers							
Father Surrendered by Mother	Father:						

CAUSE OF DEPENDENCY

**Mother deceased & Father poor and unable to provide
 suitable home for said children: Children F.M.**

NAME **HARPER- James Lee** No. **1010**
 DATE BORN **7-21-31** DATE REC'D **2-10-38**
 FATHER **Paul Bates Harper** LIVING **D##D**
 ADDRESS **Plain City, O.**
 MOTHER **Lucille Ruth Plant** LIVING **###D**
 ADDRESS **Plain City, O.**
 REC'D FROM **Jerome TwpL** TWP. OR CITY **Plain City, Ohio** CO.

* MALE
 FEMALE
 * PROT.
 R. C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 & Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	2/10/38	*					
Admitted by Trustees or Managers				*	*		\$8.00 per wk. Total Court Order
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

The father & mother being unable to work together or find sufficient work to support child

NAME **HARPER-Paul Harper Jr.**No. **1010**DATE BORN **7-10-35**DATE REC'D **2-10-38**FATHER **Paul Bates Harper**LIVING **###**ADDRESS **Plain City, Ohio**MOTHER **Lucille Ruth Plant**LIVING **###**ADDRESS **Plain City, Ohio**REC'D FROM **Jerome Twp.** TWP. OR CITY **Plain City, O.** CO. **A**

* MALE
 FEMALE
 * PROT.
 R. C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			
				By Fath.	By Moth.	By Guard.	TERMS
Committed by Juv. Court	2/10/38	*					
Admitted by Trustees or Managers				*	*		Court Order
Father Surrendered by Mother							\$8.00 per wk

CAUSE OF DEPENDENCY

Total:

**The father & mother being unable to work together
 or find sufficient work to support said child!**

NAME

Robert Harper *B-1*

No. 835

DATE BORN

6-25-16

DATE REC'D 4-1-32

FATHER

William Harper

LIVING

~~DEAD~~*

ADDRESS

Plain City, O.

MOTHER

Deceased:

LIVING

DEAD

ADDRESS

-

REC'D FROM

Plain City, O. TWP. OR CITY

CO.

*MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 *WHITE
 ILLEG.
 A. Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	3/24/32	Temp.					
Admitted by Trustees or Managers							
Surrendered by Mother Father	Father:						

CAUSE OF DEPENDENCY

Mother deceased & Father poor and unable to provide suitable home for said children: Children F.M.

Name Robert Louis Harper Date rec'd 7-2-36

Birth date 2-8-34 Birthplace County Home-Union

Legal residence: State 0. County Union City

Father Unknown: Address -

Mother Retha Harper Address Union Co.Home

Father
Step Mother Address

Occurrence: New Old Recurrent.....

Legal Status: Permanent..... Temporary Court committed.....

Surrendered by-Father..... Mother..... No surrender.....

Otherwise (specify)

Received for aid or service: with change of domicile

without change of domicile

Support by: County City.....

Parents: In full..... Partial.....

Otherwise (specify)

V
* M. F.
* W. C.
* Protestant
Catholic
Jewish
Legitimate
* Illegitimate
Foundling
Nationality
A Fa.
A Mo.
* Dependent
Neglected
Delinquent
Crippled
Defective
mentally
Mother's aid
Father dead
Mother dead
Full orphan
Fa. deserted
Mo. deserted
Divorced
Separated
Fa. in Insti.
* Mo. in Insti.
No support
Broken home
Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Rela- tives	Own home	Board home	Free home	Wage home	Insti- tution	Financ. care	Super- vision	Dis- charged
2/6/39	Lester Woolen Adopted by foster parents	Urbana, Ohio				X					

√

At Acceptance
child living withLater changes in guardianship or custody. (From temporary to permanent care;
from parents to court commitment; etc.) Give dates and types.

Both parents
 Father
 Mother
 Father and step mo.
 Mother and step fa.
 Relatives
 Institution
 Other (specify)

NAME *Robert Harr* NO. *22* MALE
 DATE BORN *6-8-1914* DATE REC'D *8-4-1919* FEMALE
 FATHER *Sylvester Harr* LIVING-DEAD PROT.
 ADDRESS *Bellefontaine, O.* R. C.
 MOTHER *Reah Stratton Harr,* LIVING-DEAD JEW
 ADDRESS *Raymond Ohio* COLORED
 REC'D FROM *Liberty* TWP. OR CITY **UNION** WHITE
 CO. *a* ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>8-4-19</i>		<i>l</i>	<i>l</i>			
Admitted by Trustees or Managers							
Surrendered by <input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Separation of parents.

	DATE	WITH WHOM	ADDRESS
PLACED	12-20-19	Guy M. Cray	D. G. Nimickon, Richwood, R. #3.
RETURNED	8-2-21	Returned to the Home.	
REPLACED	7-26-22	Returned to mother.	
RETURNED		Mrs. Phoe. Hall, Osborne, O.	
REPLACED			
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
1-11-20	Klipstines.	Good			
6-12-20	Trustees + Supt.	Good.			
8/30-21	Trustees + Supt.	Good.			
8/2-21	Returned to the Home				

NAME *Willard Harr* NO. *28* < MALE
 DATE BORN *5-29-1913* DATE REC'D *8-4-1919* FEMALE
 FATHER *Sylvester Harr* LIVING-DEAD < PROT.
 ADDRESS *Bellefontaine, O.* R. C.
 MOTHER *Reah Stratton Harr* LIVING-DEAD JEW
 ADDRESS *Raymond, Ohio* < WHITE
 REC'D FROM *Liberty* TWP. OR CITY ILLEG.
 UNION CO. *A.* Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	< <i>8-4-19</i>		"	"			
Admitted by Trustees or Managers							
Surrendered by ^{Father} Mother							

CAUSE OF DEPENDENCY

Separation of parents.

	DATE	WITH WHOM	ADDRESS
PLACED	12-20'19.	D.G. Kenrickson	
RETURNED	5/22-21	Returned to Home	
REPLACED	5/25	placed with - D. S. Kennington	R. # 3.
RETURNED	6/19/21	Returned to Home	
REPLACED	7-26-22	Mrs Beah Hart.	Osborne, Ohio.
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
1-11-'20	Klipstiner.	Good.			
6-12-'20	Truoles + Supt.	Good.			

NAME Alberta Harris NO. 582
 DATE BORN Aug. 3, 1923 DATE REC'D. Jan 22, 1925
 FATHER John Harris LIVING-DEAD
 ADDRESS Urbana, Ohio.
 MOTHER Nancy Freeman Harris LIVING-DEAD
 ADDRESS County Home, Marysville, Ohio.
 REC'D FROM Urbana, Ohio. TWP. OR CITY Champaign CO. A Nationality

MALE
 * FEMALE
 * PROT.
 R. C.
 JEW
 * COLORED
 WHITE
 ILLEG.
 A Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers							
Surrendered by Father Mother							

CAUSE OF DEPENDENCY

Father at present in the jail at Urbana, Ohio

NAME	Bertha Harris	No.	575	MALE
DATE BORN	Sept 27. 1917	DATE REC'D.	Jan 22, 1925	* FEMALE
FATHER	John Harris	LIVING- DEAD *		* PROT.
ADDRESS	Urbana, Ohio.	LIVING-DEAD		R. C.
MOTHER	Nancy Harris	LIVING-DEAD		JEW
ADDRESS	Marysville, Ohio.			COLORED
REC'D FROM	Urbana, Ohio	TWP. OR CITY	Champaign	CO.
				ILLEG.
				Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers							
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Father at present in the jail at Urbana, Ohio

NAME	Frank Harris	No.	576	* MALE
DATE BORN	Feb 15th 1915	DATE REC'D.	Ja 22, 1925	FEMALE
FATHER	John Harris		LIVING- DEAD *	PROT.
ADDRESS	Urbana, Ohio.			R. C.
MOTHER	Nancy Harris		LIVING- DEAD *	JEW
ADDRESS	Marysville, Ohio.			* COLORED
REC'D FROM	Urbana, Ohio	TWP. OR CITY	Champaign ^e	CO.
				ILLEG.
				Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers							
Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Father at present in the jail at Urbana, Ohio

NAME	George Harris	No.		* MALE
DATE BORN	Oct 1. 1914	DATE REC'D.	Jan 22, 1925	FEMALE
FATHER	John Harris		LIVING-DEAD	* PROT.
ADDRESS	Urbana, Ohio.			R. C.
MOTHER	Nancy Harris		LIVING-DEAD	JEW
ADDRESS	Marysville, Ohio.	County	Home	COLORED
REC'D FROM	Urbana, Ohio.	TWP. OR CITY	Champaign	WHITE
			CO.	ILLEG.
				Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers							
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Father at present in the jail at Urbana, Ohio.

NAME	Janete Harris		No.	580	MALE
DATE BORN	Jan 1, 1918	DATE REC'D.	Jan 22, 1925	* FEMALE	
FATHER	John Harris	LIVING-DEAD*		* PROT.	
ADDRESS	Urbana, Ohio.			R. C.	
MOTHER	Nancy Harris	LIVING-DEAD		JEW	
ADDRESS	Marysville Ohio			COLORED	
REC'D FROM	Urbana Ohio	TWP. OR CITY	Champaign	CO.	WHITE
					ILLEG.
					Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers							
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Father at present in the jail at Urbana, Ohio

NAME	Mary Harris	No.	581	MALE
DATE BORN	Feb, 15, 1916	DATE REC'D.	Jan 22, 1925	* FEMALE
FATHER	John Harris	LIVING-DEAD*		PROT.
ADDRESS	Urbana Ohio			R. C.
MOTHER	Nancy Harris	LIVING-DEAD*		JEW
ADDRESS	Marysville, Ohio. Co Home.			* COLORED
REC'D FROM	Urbana Ohio.	TWP. OR CITY	Champaign	CO.
				ILLEG.
				Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers							
Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Father at present in the jail at Urbana, Ohio.

NAME Paul Harris No. 579 * MALE
 DATE BORN April 10 1919 DATE REC'D. Jan 22 1925 FEMALE
 FATHER John Harris LIVING-DEAD *PROT.
 ADDRESS Urbana, Ohio. R. C.
 MOTHER Nancy Harris LIVING-DEAD JEW
 ADDRESS Marysville, Ohio. Co Home WHITE
 REC'D FROM Urbana Ohio TWP. OR CITY Champaign CO. ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father at present in the jail at Urbana Ohio

NAME Robert Harris No. 574 * MALE
 DATE BORN Dec 11th, 1911. DATE REC'D. Jan 22, 1925. FEMALE
 FATHER John Harris LIVING ~~DEAD~~ ^ PROT.
 ADDRESS Urbana, Ohio. in Jail. R. C.
 MOTHER Nancy Freeman Harris, LIVING ~~DEAD~~ ^ JEW
 ADDRESS Cnty Home, Marysville, Ohio. COLORED
 REC'D FROM Champaigne Co. TWP. OR CITY CO. A Nationality ILLEG.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct. G							
Admitted by Trustees or Managers							
Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Father at Present confined in the jail at Urbana, Ohio.

NAME	Zana Harris	No.	578	MALE
DATE BORN	12/30/1921.	DATE REC'D.	Jan 22, 1925	* FEMALE
FATHER	John Harris		LIVING DEAD *	PROT.
ADDRESS	Urbana, Ohio.			R. C.
MOTHER	Nancy Harris		LIVING DEAD *	* COLORED
ADDRESS	Marysville, Ohio. Co Home			WHITE
REC'D FROM	Urbana Ohio	TWP. OR CITY	Champaign	ILLEG.
			CO.	Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
			By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.						
Admitted by Trustees or Managers						
Surrendered by Father						
Surrendered by Mother						
CAUSE OF DEPENDENCY						
Father at present in the jail at Urbana, Ohio.						

Name CHARLES CLAYTON HATCHER Date rec'd 8/6/36
 Birth date 8-6-24 Birthplace Logan Co.
 Legal residence: State OHIO County Union City Watkins
 Father Pearl Hatcher Address Marysville, O. RD2
 Mother Deceased Address -
 Father -
 Step Mother - Address -
 Occurrence: New * Old _____ Recurrent _____
 Legal Status: Permanent _____ Temporary * Court committed *
 Surrendered by—Father * Mother _____ No surrender _____
 Otherwise (specify) _____
 Received for aid or service: with change of domicile _____
 without change of domicile _____
 Support by: County * City _____
 Parents: In full _____ Partial _____
 Otherwise (specify) _____

v
 M. F.
 W. C.
 Protestant
 Catholic
 Jewish
 Legitimate
 Illegitimate
 Foundling
 Nationality
 A Fa.
 A Mo.

 Dependent
 Neglected
 Delinquent
 Crippled
 Defective
 mentally
 Mother's aid

 Father dead
 Mother dead
 Full orphan
 Fa. deserted
 Mo. deserted
 Divorced
 Separated
 Fa. in Insti.
 Mo. in Insti.

 No support
 Broken home
 Unfit home

Name DONNA JEAN HATCHER Date rec'd 8/6/36

Birth date 10-30-29 Birthplace Jerome Twp. Union Co.

Legal residence: State Ohio County Union City Watkins

Father Pearl Hatcher Address Marysville, O. RD2

Mother Deceased Address -

Father - Address -

Step Mother - Address -

Occurrence: New * Old - Recurrent -

Legal Status: Permanent - Temporary * Court committed *

Surrendered by-Father * Mother - No surrender -

Otherwise (specify) -

Received for aid or service: with change of domicile -

without change of domicile -

Support by: County * City -

Parents: In full - Partial -

Otherwise (specify) -

√

M. * F.

* W. C.

* Protestant

Catholic

Jewish

* Legitimate

Illegitimate

Foundling

Nationality

A Fa.

A Mo.

* Dependent

Neglected

Delinquent

Crippled

Defective

mentally

Mother's aid

* Father dead

Mother dead

Full orphan

Fa. deserted

Mo. deserted

Divorced

Separated

Fa. in Insti.

Mo. in Insti.

* No support

Broken home

Unfit home

Name ELSIE JUNE HATCHER Date rec'd 8/6/36

Birth date 6-30-26 Birthplace Franklin Co.

Legal residence: State Ohio County Union City Watkins

Father Pearl Hatcher Address Marysville, O. RD2

Mother Deceased Address -

Father - Address -

Step Mother - Address -

Occurrence: New * Old - Recurrent -

Legal Status: Permanent - Temporary * Court committed *

Surrendered by—Father * Mother - No surrender -

Otherwise (specify) -

Received for aid or service: with change of domicile -

without change of domicile -

Support by: County * City -

Parents: In full - Partial -

Otherwise (specify) -

v

M. * F.
* W. C.

* Protestant
Catholic
Jewish

* Legitimate
Illegitimate
Foundling
Nationality

A Fa.
A Mo.

* Dependent
Neglected
Delinquent
Crippled
Defective
mentally
Mother's aid

* Father dead
Mother dead
Full orphan
Fa. deserted
Mo. deserted
Divorced
Separated
Fa. in Insti.
Mo. in Insti.

* No support
Broken home
Unfit home

Name Richard Lee Hatcher Date rec'd 8/6/36

Birth date 2/7/27 Birthplace Union Co.

Legal residence: State Ohio County Union City Watkins

Father Pearl Hatcher Address Marysville, O. RD2

Mother Deceased Address -

Father - Address -

Step Mother - Address -

Occurrence: New * Old - Recurrent -

Legal Status: Permanent - Temporary * Court committed *

Surrendered by-Father * Mother - No surrender -

Otherwise (specify) -

Received for aid or service: with change of domicile -

without change of domicile -

Support by: County * City -

Parents: In full - Partial -

Otherwise (specify) -

v

* M. F.
 * W. C.
 * Protestant
 Catholic
 Jewish
 * Legitimate
 Illegitimate
 Foundling
 Nationality
 A Fa.
 A Mo.

* Dependent
 Neglected
 Delinquent
 Crippled
 Defective
 mentally
 Mother's aid

Father dead
 * Mother dead
 Full orphan
 Fa. deserted
 Mo. deserted
 Divorced
 Separated
 Fa. in Insti.
 Mo. in Insti.

* No support
 Broken home
 Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Rela- tives	Own home	Board home	Free home	Wage home	Insti- tution	Financ. care	Super- vision	Dis- charged
6/25/37	Own Parents	Marysville, O. R.D.		X							

✓	At Acceptance child living with	Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.
	Both parents Father Mother Father and step mo. Mother and step fa. Relatives Institution Other (specify)	

Name WILLARD LLOYD HATCHER Date rec'd 8/6/36

Birth date 4-21-23 Birthplace Logan Co.

Legal residence: State Ohio County Union City Watkins

Father Pearl Hatcher Address Marysville, O. RD2

Mother Deceased Address -

Father - Address -

Step Mother - Address -

Occurrence: New * Old - Recurrent -

Legal Status: Permanent - Temporary * Court committed *

Surrendered by-Father * Mother - No surrender -

Otherwise (specify) -

Received for aid or service: with change of domicile -

without change of domicile -

Support by: County * City -

Parents: In full - Partial -

Otherwise (specify) -

v

*M. F.

*W. C.

*Protestant

Catholic

Jewish

*Legitimate

Illegitimate

Foundling

Nationality

A Fa.

A Mo.

*Dependent

Neglected

Delinquent

Crippled

Defective

mentally

Mother's aid

Father dead

*Mother dead

Full orphan

Fa. deserted

Mo. deserted

Divorced

Separated

Fa. in Insti.

Mo. in Insti.

* No support

Broken home

Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Rela- tives	Own home	Board home	Free home	Wage home	Insti- tution	Financ. care	Super- vision	Dis- charged
6/25/37	Owa Parents	Marysville, O. PD		X							

✓ At Acceptance child living with	Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.
Both parents Father Mother Father and step mo. Mother and step fa. Relatives Institution Other (specify)	(This area is currently blank)

NAME *Gladys Hickman* NO. *526*
 DATE BORN *Aug 5 - 1911* DATE REC'D. *Sept 28 - 1923*
 FATHER *John Hickman* LIVING-~~DEAD~~
 ADDRESS *Plain City O. R. 3. (Arnold)*
 MOTHER *Emma McIntire* LIVING-DEAD
 ADDRESS *deceased*
 REC'D FROM *Arnold O. TWP. OR CITY Union* CO. *G.*

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							<i>150 per week</i>
Admitted by Trustees or Managers							
Father - <i>✓ 9-28-23.</i>							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Mother deceased. Father not able to provide proper home for said child.

DATE

WITH WHOM

ADDRESS

PLACED

RETURNED

REPLACED

RETURNED

REPLACED

RETURNED

REPLACED

RETURNED

Discharged - Legal age &
 Living with Sister - Ethel McKeon
 Plain City, O

RECORD OF VISITS

DATE BY WHOM

REMARKS

DATE BY WHOM

REMARKS

NAME *Leo Hickman* NO. *528*
 DATE BORN *Aug 12th 1920* DATE REC'D. *Sept 28-1923.*
 FATHER *Jake Hickman* LIVING-DEAD
 ADDRESS *Arnold O. Plain Cij. O R 3.*
 MOTHER *Emma M. Intire Hickman* LIVING-DEAD
 ADDRESS *Deceased.*
 REC'D FROM *Arnold O.* TWP. OR CITY *Union* CO. *6*

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers							
Surrendered by <input checked="" type="checkbox"/> Father <input type="checkbox"/> Mother	<i>9-28-23.</i>						<i>1.50 per week</i>

CAUSE OF DEPENDENCY

Mother deceased. Father away from home. leaving child without care.

NAME *Mable Hickman* NO. *527*
 DATE BORN *march 26 - 1918* DATE REC'D. *Sept 28 - 1923.*
 FATHER *Jake Hickman* LIVING-~~DEAD~~
 ADDRESS *Plain City, Ohio. R. 3 (Arnold.)*
 MOTHER *Emma M. D. D. D. D.* LIVING-DEAD
 ADDRESS *deceased*
 REC'D FROM *Arnold O.* TWP. OR CITY *Union* CO.

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							<i>\$1.50: per wk</i>
Admitted by Trustees or Managers							
Surrendered by <input checked="" type="checkbox"/> Father <input type="checkbox"/> Mother	<i>9-28-23.</i>						

CAUSE OF DEPENDENCY

Mother deceased. Father unable to care for child.

	DATE	WITH WHOM	ADDRESS
PLACED	Nov 2	Mr Bowen	Marysville
RETURNED	5-29-26		
REPLACED	6-1-28	Jully C. Jacobs	Russells Point
RETURNED	8-21-29	Returned from Jacobs	" "
REPLACED	1-2-30	Jully C. Jacobs	Russells Point
RETURNED			
REPLACED		Adopted - By Jully C. Jacobs	
RETURNED		Russells Point, O.	

RECORD OF VISITS

8/30/30

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
------	---------	---------	------	---------	---------

Case closed 7-27-39. Legal age.

NAME *Margaret Hickman* NO. *525*
 BORN *Nov 13. - 1914* DATE REC'D. *Sept 28 - 1923*
 FATHER *Jake. Hickman* LIVING-DEAD
 ADDRESS *Plain City O. 93. (Arnold)*
 MOTHER *Emma M. Intire* LIVING-DEAD
 ADDRESS *deceased.*
 REC'D FROM *Arnold U.* TWP. OR CITY *Union* CO.

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers							
Surrendered by <input checked="" type="checkbox"/> Father	<i>9-28-23</i>						<i>\$150.00 wk</i>
Surrendered by <input type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Mother deceased, Father unable to provide a suitable home for said child

	DATE	WITH WHOM	ADDRESS
PLACED	7/1/28	S.W. Hotchkis	Mt. Vernon, O.
RETURNED	10-21-29	From S.W. Hotchkis	651 N, Sandusky St.
REPLACED	10-4-30	C.E. Jewell	AKRON, O. 354 Birch St.
RETURNED		Transfer From C.E. Jewell	
REPLACED	7-6-31	To Paul Mosley	Ostrander, O.
RETURNED	9/29/31	From " "	" "
REPLACED	8/3/32	Mary E. Rosette	Marysville, O. S.N. Maple St.
TRANS. RETURNED	9/12/32	From Rosettes to Carl Smith	Marysville, O. R. 3
RETURNED	11/5/32	" Carl Smith (Wage Home)	
REPLACED	4/1/33	G.L. Lindembolt	Columbus - Shepherd -
DATE BY WHOM		REMARKS	DATE BY WHOM
9/4/28	Supt + Matron	good Home	
8/30/29	Matron	Good Home	Well satisfied
7/29-31	"	"	

Name *Margaret Hickman* Date rec'd *9-28-23*

Birth date *11-13-14* Birthplace *Honold, O*

Legal residence: State.....County.....City.....

Father.....Address.....

Mother.....Address.....

Father
Step Mother.....Address.....

Occurrence: New.....Old.....Recurrent.....

Legal Status: Permanent.....Temporary.....Court committed.....

Surrendered by-Father.....Mother.....No surrender.....

Otherwise (specify)

Received for aid or service: with change of domicile

without change of domicile

Support by: County.....City.....

Parents: In full.....Partial.....

Otherwise (specify)

v
M. F.
W. C.
Protestant
Catholic
Jewish
Legitimate
Illegitimate
Foundling
Nationality
Fa.
Mo.

Dependent
Neglected
Delinquent
Crippled
Defective
mentally
Mother's aid

Father dead
Mother dead
Full orphan
Fa. deserted
Mo. deserted
Divorced
Separated
Fa. in Insti.
Mo. in Insti.

No support
Broken home
Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Rela- tives	Own home	Board home	Free home	Wage home	Insti- tution	Financ. care	Super- vision	Dis- charged
Plcl. 3-6-34 4-9-34	O. L. Lindenvolt Repl. Mrs. Lou Graham	Columbus - Shepherd Marysville - S. County						+			

v	At Acceptance child living with	Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.
	Both parents Father Mother Father and step mo. Mother and step fa. Relatives Institution Other (specify)	Girl sent to Capital Beauty School - After graduation worked in Col. + Steubenville, Is now manager of a shop at Toronto O. Visits Home every summer. Very fine girl.

INSTITUTION AND AGENCY CARD

1. Name of child: Hodges Betty Lou 2. Date accepted: 6-21-43 3. Case No. 1172

4. Status of case: Reopened: Case last closed Reopened: Case last closed
New within this year..... within this year..... 5. Religion: Prot. R. C. G. C. Jew Other..... None

6. Race: W N O..... 7. Sex: M F 8. Date of birth: 8-1-40 Verified: Y N 9. Place of birth: Union Co. Ohio

10. Received from: Juvenile Court County: Union Co. Clay County State or County

11. How received: Temporary commitment Permanent commitment..... Temporary surrender..... Permanent surrender..... Voluntary agreement.....

12. Name of father: Hodge Howard 13. Address: 4056 Spring St. Detroit

14. Name of mother: Loris 15. Address: Richwood, O. Mich.

16. Name of other guardian..... 17. Address.....

18. Whereabouts of child when accepted..... 19. Status of child's parents when accepted: living apart

20. Whereabouts of child's parents when accepted: { Father: 4056 Spring St. Detroit - Mich
Mother: Richwood - O. Union Co.

21. Assistance received by household: { At time of acceptance.....
Within last two years.....

22. Notes: Court finds that fa. is in jail in Detroit, Mich.

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
7/25- '48	Mr. & Mrs. James Perkins Legally adopted	Manville, O. # 3								X	X

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

NAME *Albert Le Roy Holladay* NO. *435*
 DATE BORN *1-28-21* DATE REC'D. *4-12-22*
 FATHER *Ray Holladay* LIVING-DEAD
 ADDRESS *Richwood O.*
 MOTHER *Viola Holladay* LIVING-DEAD
 ADDRESS *County Home, Marysville Ohio*
 REC'D FROM *County Home* TWP. OR CITY *UNION* CO.

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality *U*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct. <i>Miss Scott</i>	<i>4-12-22</i>	<i>X</i>					
Admitted by Trustees or Managers							
Surrendered by <input checked="" type="checkbox"/> Father <input checked="" type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

The Father fails to provide a suitable Home, Mother at present an inmate, Of the Union County Home,

DATE WITH WHOM ADDRESS

PLACED 12/23/23. James P. Hare, 202 Seede St.
 Urbana Ohio

RETURNED ~~1/8/24~~ Mrs M. Conenghy 422 Washington St.

REPLACED

Transferred

RETURNED 5-18-32 From Conenghy to B.J.R. Columbus, O. W. B. Road

Returned to Home

REPLACED childrens From B.J.R.

RETURNED 9/7/32 → Case closed. - 2-27-39.

REPLACED

REPLACED ~~1/4/36~~

RETURNED

Found & placed Joe Hurd 5/4-36 Marysville, O. R. D.

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
12/31/36		for adoption			
1/8/24	Matron	good home			Case closed - Boy with
4/14/25	"	"			parents. Placed later
7/26-27	Supt & Matron	Good Home			in E.C.C. camp.
11/13/28	"	Good Home	7/27-39.		
2/25/30	"	"			
3/2-31	"	"			

ADDRESS WITH WHOM DATE
 NAME **Paul Arvin Holladay** No. **773**
 DATE BORN **10-2-27** DATE REC'D **10-8-30**
 FATHER **Sherman D. Holladay** LIVING **DEAD *****
 ADDRESS **Richwood, O. R2**
 MOTHER **Clara Redd Holladay** LIVING **DEAD *****
 ADDRESS
 REC'D FROM **Richwood** TWP. OR CITY **Union** CO. **A.**

* MALE
 FEMALE
 * PROT.
 R.C.
 JEW
 COLORED
 *WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	J.C.						
Admitted by Trustees or Managers	10-8-30	Temp.		Yes			\$3.00 per Wk.
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

**Father has no suitable home at present for said child,
 mother & father not living together.**

	DATE	WITH WHOM	ADDRESS
PLACED	9/29/31	Joor Smith	Hilliard, O. R2
RETURNED	5/28/34	From " "	Franklin Co., "
REPLACED	1/17/37	Joe E. Matteson	Raymond, O. R.D.
RETURNED	11/13/37	From " "	" " "
REPLACED	2/8/38	T. B. Sanatorium	Mt. Vernon, O.
RETURNED	8/29/38	Re from " "	Children's Home
REPLACED	1/19/40	James Gay Mansfield - R. R. 3.	
RETURNED	1947	Joined Navy - Graduated from Naval H. S.	

RECORD OF VISITS

Released because of leg at age.

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
4/28/32	S & M.	Fair Home			
3/14-34	Matteson	(Father out of work, mother ill.) Home below average. - it could boy be brought to Ch. Home			
37	"	Matteson home very good. 4/37. Returned 12/37 child ^{in school} not doing well.			
1/2-41.	"	Grand Home. Boy contented & happy.			
1942-	"	United boy at home & in school. Splendid home. rather slow in school.			
43	"	" " " School - at home - good progress in studies and satisfactory behavior in home.			

NAME **David Thomas. Holland.**

NO.

DATE BORN **Nov-13-1916.**DATE REC'D **Aug.14.1922.**FATHER **Unknown,**

LIVING-DEAD

ADDRESS

MOTHER **Jennie E .Holland.**

LIVING-DEAD

ADDRESS

Marysville.Ohio.REC'D FROM **Paris**

TWP. OR CITY

UNION

CO.

* MALE
 ^ FEMALE
 G PROT.
 R. C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 A Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers							
Surrendered by ^{Father} Mother	* 8-14-22. "				"		1.50 Per.Wk,

CAUSE OF DEPENDENCY

Sickness Mother going to Hospital

NAME **Charles E. Holliday** No. **584** * MALE
 DATE BORN **May 9th 1922** DATE REC'D. **Feb 2. 1925** FEMALE
 FATHER **Ray Holliday** LIVING-DEAD* * PROT.
 ADDRESS **Richwood, Ohio. R 4** R. C.
 MOTHER **Viola McIntire Holliday** LIVING-DEAD* JEW
 ADDRESS **Peoria, Ohio. R 2** COLORED
 REC'D FROM **Taylor** TWP. OR CITY **Union** ILLEG.
 CO. **A** Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers							
Father							
Surrendered by Mother							
CAUSE OF DEPENDENCY							

Name **Harold Lloyd Holloway** Date rec'd **9/9/37**
 Birth date **6/25/26** Birthplace **Summersville -York Twp.**
 Legal residence: State **Ohio** County **Union** City

Father **Herman H. Holloway** Address **W. Mansfield, O. R2**
 Mother **Hazel Erwin Holloway** Address **T. B. Hospital-Delaware**
 Father

Step Mother Address

Occurrence: New * Old Recurrent.....

Legal Status: Permanent..... Temporary * Court committed *

Surrendered by-Father..... Mother..... No surrender.....

Otherwise (specify) **Trustees-York Twp.**

Received for aid or service: with change of domicile

without change of domicile *

Support by: County * City.....

Parents: In full..... Partial **Father-\$4.00**
per wk.

Otherwise (specify).....

v

*M. F.
 *W. C.
 *Protestant
 Catholic
 Jewish
 Legitimate
 Illegitimate
 Foundling
 Nationality
 Fa.
 Mo.

* Dependent
 Neglected
 Delinquent
 Crippled
 Defective
 mentally
 Mother's aid

Father dead
 Mother dead
 Full orphan
 Fa. deserted
 Mo. deserted
 Divorced
 Separated
 Fa. in Insti.
 Mo. in Insti.

* No support
 Broken home
 Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Rela- tives	Own home	Board home	Free home	Wage home	Insti- tution	Financ. care	Super- vision	Dis- charged
2/8/38	T.B. Sanatorium	Mt. Vernon, O						X			
5/29/38	Re ..	..								
8/10/39	Parents - visit	Richwood		X							
10/10/39	Parents his order of Juvenile Court	..		X							X

✓	At Acceptance child living with	Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.
	Both parents Father Mother Father and step mo. Mother and step fa. Relatives Institution Other (specify)	

Name **Ralph Holloway** Date rec'd **9/9/37**

Birth date **5/22/31** Birthplace **Summersville-York Twp.**

Legal residence: State **Ohio** County **Union** City

Father **Herman H. Holloway** Address **W. Mansfield, Ohio R2**

Mother **Hazel Erwin Holloway** Address **T. B. Hospital-Delaware**

Father

Step Mother Address

Occurrence: New * Old Recurrent

Legal Status: Permanent Temporary * Court committed *

Surrendered by-Father Mother No surrender

Otherwise (specify) **Trustees-York Twp.**

Received for aid or service: with change of domicile

without change of domicile *

Support by: County * City

Parents: In full Partial **Father-\$4.00**

Otherwise (specify) **per wk.**

* M. F.
 * W. C.
 * Protestant
 Catholic
 Jewish
 Legitimate
 Illegitimate
 Foundling
 Nationality
 Fa.
 Mo.
 * Dependent
 Neglected
 Delinquent
 Crippled
 Defective
 mentally
 Mother's aid
 Father dead
 Mother dead
 Full orphan
 Fa. deserted
 Mo. deserted
 Divorced
 Separated
 Fa. in Insti.
 Mo. in Insti.
 * No support
 Broken home
 Unfit home

NAME **Alice Holt** No. **883**
 DATE BORN **5-12-25** DATE REC'D **11-20-33**
 FATHER **Charles Holt** LIVING ~~DEAD~~
 ADDRESS **Jail-Union Co.**
 MOTHER **Drusilla Sine Holt** LIVING ~~DEAD~~
 ADDRESS **County Home-Marysville**
 REC'D FROM **Clairbourne** TWP. OR CITY CO.

* MALE
 * FEMALE
 * PROT.
 R. C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 A • Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			
				By Fath.	By Moth.	By Guard.	TERMS
Committed by Juv. Court	11-20-33	Temp.					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father in jail-Mother unable to support said child.

Name **ALICE HOLT** Date rec'd **9/24/36**

Birth date **5/12/25** Birthplace **Union Co.**

Legal residence: State **Ohio** County **UNION** City **Marysville**

Father **Charles Holt** Address **Ohio Penitentiary**

Mother **Drusila Sine Holt** Address **Marysville, O.**

Father
Step Mother Address

Occurrence: New Old ***** Recurrent

Legal Status: Permanent Temporary ***** Court committed *****

Surrendered by-Father Mother No surrender

Otherwise (specify) **Trustees Paris Twp.**

Received for aid or service: with change of domicile

without change of domicile

Support by: County ***** City

Parents: In full Partial

Otherwise (specify)

v
M. *F.
W. C.
* Protestant
Catholic
Jewish
* Legitimate
Illegitimate
Foundling
Nationality
A Fa.
A Mo.

* Dependent
Neglected
Delinquent
Crippled
Defective
mentally
Mother's aid

Father dead
Mother dead
Full orphan
Fa. deserted
Mo. deserted
Divorced
Separated
* Fa. in Insti.
Mo. in Insti.

* No support
Broken home
Unfit home

INSTITUTION AND AGENCY CARD

1. Name of child..... Holt - Alice Irene 2. Date accepted 12-15-41 3. Case No. 1107-A
4. Status of case: Reopened: Case last closed Reopened: Case last closed
New..... prior to this year within this year..... 5. Religion: Prot. R. C. G. C. Jew Other..... None
6. Race: W N O 7. Sex: M F 8. Date of birth 5-12-25 9. Place of birth Marian Co
10. Received from: Juvenile Court Union County Wayne, Allen State or Territory Ohio
Temporary Permanent commitment Temporary surrender Permanent surrender Voluntary agreement
11. How received: commitment surrender agreement
12. Name of father Holt - Charles 13. Address Ohio Penitentiary
14. Name of mother Holt - Ursilla 15. Address Wayne, Ohio
16. Name of other guardian..... 17. Address.....
18. Whereabouts of child when accepted Mr. Harriett Clemens 19. Status of child's parents when accepted.....
20. Whereabouts of child's parents when accepted: { Father Ohio Penitentiary
Mother Wayne, Ohio
21. Assistance received by household: { At time of acceptance Relief Mother
Within last two years.....
22. Notes:

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
7/7-44		Dayton, Ohio									

2. Reason for closing

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

Girl has passed Civil Service Exam & has position at Patterson Field, Dayton Ohio

INSTITUTION AND AGENCY CARD

1. Name of child David Holt 2. Date accepted 2-7-1941 3. Case No. 1107
4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year within this year 5. Religion: Prot. R. C. G. C. Jew Other None
6. Race: W N O 7. Sex: M F 8. Date of birth 11-19-30 Verified: Y N 9. Place of birth Mayville, O.
10. Received from: Allen Center County Union Jerome Twp State or country
11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement
12. Name of father Charles Holt 13. Address State Penitentiary
14. Name of mother Herusilla Holt 15. Address Mayville, O.
16. Name of other guardian 17. Address
18. Whereabouts of child when accepted at home with mother 19. Status of child's parents when accepted separated
20. Whereabouts of child's parents when accepted: { Father State Penitentiary
Mother at home
21. Assistance received by household: { At time of acceptance County Relief private assistance
Within last two years
22. Notes:

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
8/45	Chas. Hurst	Half Columbus. O.									

2. Reason for closing

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

NAME Dorothy Holt

No. 883

DATE BORN 6-13-20

DATE REC'D 11-20-33

FATHER Charles Holt

LIVING ~~DEAD~~

ADDRESS Jail-Union Co.

MOTHER Drusilla Sine Holt

LIVING ~~DEAD~~

ADDRESS County Home-Marysville

REC'D FROM Clairbourne TWP. OR CITY

CO.

MALE
 *FEMALE
 *PROT.
 R. C.
 JEW
 COLORED
 *WHITE
 ILLEG.
 A • Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			
				By Fath.	By Moth.	By Guard.	TERMS
Committed by Juv. Court	11-20-33	Temp.					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father in jail-Mother unable to support said children:

Name EARL HOLT Date rec'd 9/24/36
 Birth date 2/8/33 Birthplace Marysville-Union Co.
 Legal residence: State Ohio County Union City Marysville
 Father Charles Holt Address Ohio Penitentiary
 Mother Drusila Sine Holt Address Marysville, O.
 Step Mother Address _____
 Occurrence: New _____ Old * Recurrent _____
 Legal Status: Permanent _____ Temporary * Court committed *
 Surrendered by—Father _____ Mother _____ No surrender _____
 Otherwise (specify) Tr ustees Paris Twp.
 Received for aid or service: with change of domicile _____
 without change of domicile _____
 Support by: County * City _____
 Parents: In full _____ Partial _____
 Otherwise (specify) _____

✓
 *M. F.
 *W. C.
 *Protestant
 Catholic
 Jewish
 *Legitimate
 Illegitimate
 Foundling
 Nationality
 A Fa.
 A Mo.
 *Dependent
 Neglected
 Delinquent
 Crippled
 Defective
 mentally
 Mother's aid
 Father dead
 Mother dead
 Full orphan
 Fa. deserted
 Mo. deserted
 Divorced
 Separated
 *Fa. in Insti.
 Mo. in Insti.
 *No support
 Broken home
 Unfit home

INSTITUTION AND AGENCY CARD

1. Name of child: Earl Halt 2. Date accepted: 2-7-1941 3. Case No. 1107

4. Status of case: Reopened: Case last closed Reopened: Case last closed New prior to this year within this year 5. Religion: Prot. R. C. G. C. Jew Other None

6. Race: W N O 7. Sex: M F 8. Date of birth: 2-8-1933 9. Place of birth: Richwood O

10. Received from: Allen Center Union County: Jerome Twp State or country: O

11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement

12. Name of father: Charles Halt 13. Address: State Penitentiary

14. Name of mother: Marilla Halt 15. Address: Mayville O

16. Name of other guardian: 17. Address:

18. Whereabouts of child when accepted: at home with mother 19. Status of child's parents when accepted: separated

20. Whereabouts of child's parents when accepted: { Father: Penal Institution 2nd time
Mother: at home

21. Assistance received by household: { At time of acceptance: County Relief - private assistance
Within last two years: Yes

22. Notes:

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
8/45	Chas & Ursula Holt	Columbus OH	X								X

2. Reason for closing Released by J.C.

3. Changes in guardianship (Give date and type) 4. Changes in source of support (Give date and source)

INSTITUTION AND AGENCY CARD

1. Name of child Erther Halt 2. Date accepted 2-7-1941 3. Case No. 1107

4. Status of case: Reopened: Case last closed Reopened: Case last closed
New X prior to this year within this year 5. Religion: Prot. X R. C. G. C. Jew Other None

6. Race: X W N O 7. Sex: M X F 8. Date of birth 3-8-1931 9. Place of birth Richwood, O

10. Received from: Allen Center County Union Jerome Twp State or country

11. How received: Temporary commitment Permanent commitment X Temporary surrender Permanent surrender Voluntary agreement

12. Name of father Charles Halt 13. Address Cal. O. State penitentiary

14. Name of mother Herusilla Sime - Halt 15. Address Mayville, R. R. 5

16. Name of other guardian 17. Address

18. Whereabouts of child when accepted 19. Status of child's parents when accepted Separated

20. Whereabouts of child's parents when accepted: { Father State penitentiary 3rd time
Mother Mayville, O. R. R. 5

21. Assistance received by household: { At time of acceptance County Relief private assistance
Within last two years Yes

22. Notes:

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
9/45	Chas. G. Hurilla, Holt	Columbus, O	X								X

2. Reason for closing..... *Released by J. C.*

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

NAME **Esther Holt** No. **883**
 DATE BORN **3-8-31** DATE REC'D **11-20-33**
 FATHER **Chas. Holt** LIVING ~~DEAD~~
 ADDRESS **Jail-Marysville**
 MOTHER **Drusilla Sine Holt** LIVING ~~DEAD~~
 ADDRESS **County Home-Marysville**
 REC'D FROM **Clairbourne** TWP. OR CITY CO. **A.**

* MALE
 * FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 A. Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	11-20-33	Temp.					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father in jail-Mother unable to support said child:

Name **ESTHER HOLT** Date rec'd **9/24/36**

Birth date **3/8/31** Birthplace **Union Co.**

Legal residence: State **Ohio** County **Union** City **Marysville**

Father **Charles Holt** Address **Ohio Penitentiary**

Mother **Drusila Sine Holt** Address **Marysville, O.**

Father
Step Mother Address

Occurrence: New Old * Recurrent

Legal Status: Permanent Temporary * Court committed *

Surrendered by-Father Mother No surrender

Otherwise (specify) **Trustees Paris Twp.**

Received for aid or service: with change of domicile

without change of domicile

Support by: County * City *

Parents: In full Partial *

Otherwise (specify)

M. *
 W. C.
 Protestant
 Catholic
 Jewish
 Legitimate
 Illegitimate
 Foundling
 Nationality
 Fa.
 Mo.
 Dependent
 Neglected
 Delinquent
 Crippled
 Defective
 mentally
 Mother's aid
 Father dead
 Mother dead
 Full orphan
 Fa. deserted
 Mo. deserted
 Divorced
 Separated
 Fa. in Insti.
 Mo. in Insti.
 No support
 Broken home
 Unfit home

Name **GLADYS HOLT** Date rec'd **9/24/36**

Birth date **5/28/22** Birthplace **Union Co.**

Legal residence: State **OHIO** County **UNION** City **Marysville**

Father **Charles Holt** Address **Ohio Penitentiary**

Mother **Drusila Sine Holt** Address **Marysville, O.**

Father
Step Mother Address

Occurrence: New Old * Recurrent

Legal Status: Permanent Temporary * Court committed *

Surrendered by-Father Mother No surrender

Otherwise (specify) **Trustees Paris Twp.**

Received for aid or service: with change of domicile
without change of domicile

Support by: County * City *

Parents: In full Partial

Otherwise (specify)

- M. *F.
- W. C.
- Protestant
- Catholic
- Jewish
- Legitimate
- Illegitimate
- Foundling
- Nationality
- A Fa.
- A Mo.

- Dependent
- Neglected
- Delinquent
- Crippled
- Defective
- mentally
- Mother's aid

- Father dead
- Mother dead
- Full orphan
- Fa. deserted
- Mo. deserted
- Divorced
- Separated
- Fa. in Insti.
- Mo. in Insti.

- No support
- Broken home
- Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Rela- tives	Own home	Board home	Free home	Wage home	Insti- tution	Financ. care	Super- vision	Dis- charged
6/9/37	JENNIE EDWARDS	Richwood R 2				X					
7/9/37 Re.											
5/21/38	myrtle merriman	132 N. Court St. marysville					X				X

√	At Acceptance child living with	Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.
	Both parents Father Mother Father and step mo. Mother and step fa. Relatives Institution Other (specify)	

NAME Gladys Holt No. 883
 DATE BORN 5-28-22 DATE REC'D 11-20-33
 FATHER Charles Holt LIVING ~~DEAD~~
 ADDRESS Jail-Union Co.
 MOTHER Drusilla Sine Holt LIVING ~~DEAD~~
 ADDRESS County Home-Marysville
 REC'D FROM Clairbourne TWP. OR ~~CITY~~ CO. A

MALE
 * FEMALE
 * PROT.
 R. C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 A Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			
				By Fath.	By Moth.	By Guard.	TERMS
Committed by Juv. Court	11-20-33	Temp.					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father in jail-Mother unable to support said child.

NAME *Leona Holt* NO. *467* MALE
 DATE BORN *7-13-1917* DATE REC'D *7-13-1922* FEMALE
 FATHER *Charlie Holt* LIVING-DEAD
 ADDRESS *unknown*
 MOTHER *Alpha Holt* LIVING-DEAD
 ADDRESS *Claiborne Ohio*
 REC'D FROM *Claiborne* TWP. OR CITY **UNION** CO. Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.					<i>Y</i>		<i>2.75 per week</i>
Admitted by Trustees or Managers							
Surrendered by <input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Father abandoned. said child. mother unable. to furnish home at present.

DATE

WITH WHOM

ADDRESS

PLACED

RETURNED

REPLACED

RETURNED

REPLACED

RETURNED

REPLACED

RETURNED

*mother**11-29-22. Mrs. Dyke Holt, Marion**822, Congress St.**Marion Chi*

RECORD OF VISITS

DATE

BY WHOM

REMARKS

DATE

BY WHOM

REMARKS

INSTITUTION AND AGENCY CARD

1. Name of child Holt - Norma 2. Date accepted 2-7-1941 3. Case No. 1107
4. Status of case: Reopened: Case last closed Reopened: Case last closed
New X prior to this year within this year 5. Religion: Prot. X R. C. G. C. Jew Other None
6. Race: X W N O 7. Sex: X M F 8. Date of birth 4-30-29 Verified: Y N 9. Place of birth Richwood O.
10. Received from: Allen Center County Union - from Twp State or country
11. How received: Temporary commitment Permanent commitment X Temporary surrender Permanent surrender Voluntary agreement
12. Name of father Charles Holt 13. Address Ohio Penitentiary Col. O.
14. Name of mother Herisilla Sim - Holt 15. Address
16. Name of other guardian 17. Address
18. Whereabouts of child when accepted with mother 19. Status of child's parents when accepted father in penal inst.
20. Whereabouts of child's parents when accepted: { Father In penal institution - 3rd time
Mother at home
21. Assistance received by household: { At time of acceptance County Relief - private assistance
Within last two years Yes
22. Notes:

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
8/45	Chas + Lurilla Hult	Columbus O	X								X

2. Reason for closing

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

NAME **Norma Holt** No. **883**
 DATE BORN **4-30-28** DATE REC'D **11-20-33**
 FATHER **Charles Holt** LIVING DEAD
 ADDRESS **Jail-Marysville**
 MOTHER **Drusilla Sine Holt** LIVING DEAD
 ADDRESS **County Home-Marysville**
 REC'D FROM **Clairbourne** TWP. OR CITY CO.

MALE
 *FEMALE
 *PROT.
 R. C.
 JEW
 COLORED
 *WHITE
 ILLEG.
 A • Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			
				By Fath.	By Moth.	By Guard.	TERMS
Committed by Juv. Court	11-20-33	Temp.					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father in jail-Mother unable to support said child.

Name **NORMA HOLT** Date rec'd **9/24/36**

Birth date **4/30/28** Birthplace **Union Co.**

Legal residence: State **Ohio** County **Union** City **Marysville**

Father **Charles Holt** Address **Ohio Penitentiary**

Mother **Drusila Sine Holt** Address **Marysville, O.**

Father
Step Mother Address

Occurrence: New Old * Recurrent

Legal Status: Permanent Temporary * Court committed *

Surrendered by-Father Mother No surrender

Otherwise (specify) **Trustees Paris Twp.**

Received for aid or service: with change of domicile
without change of domicile

Support by: County * City *

Parents: In full Partial *

Otherwise (specify)

M. * F.
W. C.
Protestant
Catholic
Jewish
Legitimate
Illegitimate
Foundling
Nationality
Fa.
Mo.

Dependent
Neglected
Delinquent
Crippled
Defective
mentally
Mother's aid

Father dead
Mother dead
Full orphan
Fa. deserted
Mo. deserted
Divorced
Separated
Fa. in Insti.
Mo. in Insti.

No support
Broken home
Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Rela- tives	Own home	Board home	Free home	Wage home	Insti- tution	Financ. care	Super- vision	Dis- charged
5/28/38	Chas Holt	Marysville R.D.		X							X

<input checked="" type="checkbox"/> At Acceptance child living with	Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.
Both parents Father Mother Father and step mo. Mother and step fa. Relatives Institution Other (specify)	

Name **RALPH HOLT** Date rec'd **9/24/36** * * * * *

Birth date **7/9/23** Birthplace **New Castle, Ind.** * * * * *

Legal residence: State **Ohio** County **Union** City **Marysville** * * * * *

Father **Charles Holt** Address **Ohio Penitentiary** * * * * *

Mother **Drusila Sine Holt** Address **Marysville, O.** * * * * *

Father
Step Mother Address * * * * *

Occurrence: New Old * Recurrent * * * * *

Legal Status: Permanent Temporary * Court committed * * * * *

Surrendered by-Father Mother No surrender * * * * *

Otherwise (specify) **Trustees Paris Twp.** * * * * *

Received for aid or service: with change of domicile * * * * *

without change of domicile * * * * *

Support by: County * City * * * * *

Parents: In full Partial * * * * *

Otherwise (specify) * * * * *

M. F.
W. C.

Protestant
Catholic
Jewish
Legitimate
Illegitimate
Foundling
Nationality
Fa.
Mo.

Dependent
Neglected
Delinquent
Crippled
Defective
mentally
Mother's aid

Father dead
Mother dead
Full orphan
Fa. deserted
Mo. deserted
Divorced
Separated
*Fa. in Insti.
Mo. in Insti.

No support
Broken home
Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Rela- tives	Own home	Board home	Free home	Wage home	Insti- tution	Financ. care	Super- vision	Dis- charged
5/28/38	Own - Chas Holt	Maysville, O. ^{H.D.}		X						X	

✓ At Acceptance child living with Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.

- Both parents
- Father
- Mother
- Father and step mo.
- Mother and step fa.
- Relatives
- Institution
- Other (specify)
-
-

NAME **Ralph Holt**No. **883**DATE BORN **7-9-23**DATE REC'D **11-20-33**FATHER **Charles Holt**LIVING ~~HEAD~~ADDRESS **Jail-Union Co.**MOTHER **Dnusilla Sine Holt**LIVING ~~HEAD~~ADDRESS **County Home-Marysville**REC'D FROM **Clairbourne**TWP. OR ~~CITY~~

CO.

* MALE
FEMALE

* PROT.

R. C.

JEW

COLORED

* WHITE

ILLEG.

* Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			
				By Fath.	By Moth.	By Guard.	TERMS
Committed by Juv. Court	11-20-33	Temp.					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father in jail-Mother unable to support said child:

Name **Aaron Holycross** Date rec'd **7-16-35**

Birth date **2-28-25** Birthplace **Richwood**

Legal residence: State **0.** County **Union** City **Richwood**

Father **Vicor Artell** Address **N. Lewisburg, 0.**

Mother **Lillian Hook** Address **Union Co. Infirmary**

Father
Step Mother Address

Occurrence: New ***** Old Recurrent

Legal Status: Permanent Temporary ***** Court committed *****

Surrendered by-Father Mother No surrender

Otherwise (specify) **From Welfare Department**

Received for aid or service: with change of domicile
without change of domicile

Support by: County ***** City

Parents: In full Partial

Otherwise (specify)

***M.** F.
***W.** C.
***Protestant**
Catholic
Jewish
***Legitimate**
Illegitimate
Foundling
A Nationality
A Fa.
A Mo.

***Dependent**
Neglected
Delinquent
Crippled
Defective
mentally
Mother's aid

Father dead
Mother dead
Full orphan
***Fa. deserted**
Mo. deserted
***Divorced**
Separated
Fa. in Insti.
***Mo. in Insti.**

***No support**
Broken home
Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Rela- tives	Own home	Board home	Free home	Wage home	Insti- tution	Financ. care	Super- vision	Dis- charged
4/15/36	University Hospital	Columbus, O									
7/10/36	Re	"									
	Discharged - legal age	"									

<input checked="" type="checkbox"/> At Acceptance child living with	Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.
Both parents Father Mother Father and step mo. Mother and step fa. Relatives Institution Other (specify)	

INSTITUTION AND AGENCY CARD

1. Name of child Holycross - Ronnie 2. Date accepted 8-30-47 3. Case No. 986

4. Status of case: Reopened: Case last closed Reopened: Case last closed New prior to this year within this year 5. Religion: Prot. R. C. G. C. Jew Other None

6. Race: W N O 7. Sex: M F 8. Date of birth 4-7-37 9. Place of birth _____

10. Received from: Juvenile Court County Union State or country _____

11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement

12. Name of father ? 13. Address _____

14. Name of mother Hazel Holycross 15. Address Marion, Ohio

16. Name of other guardian _____ 17. Address _____

18. Whereabouts of child when accepted In foster home 19. Status of child's parents when accepted mother married

20. Whereabouts of child's parents when accepted: { Father unknown
Mother Marion, Ohio. Street address not known

21. Assistance received by household: { At time of acceptance _____
Within last two years _____

22. Notes: Ronnie had been with Mrs Ruth Patrick since birth after her death he was sent to the Ch. Home.

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
1948	With Parents	Marion O.	✓							✓	

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

NAME *Mary Belle Huffman* NO. *439*
 DATE BORN ~~Jan. 27~~ *9/11/14* DATE REC'D *Jan 27, 1922*
 FATHER *Kendell Huffman* LIVING-~~DEAD~~
 ADDRESS *Marysville, O.*
 MOTHER *Mettie Ridgway* LIVING-~~DEAD~~
 ADDRESS *Marysville, O.*
 REC'D FROM " " TWP. OR CITY **UNION** CO.

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality **A**

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>1/27/22</i>						
Admitted by Trustees or Managers							
Surrendered by ^{Father} Mother							

CAUSE OF DEPENDENCY

Poverty and filthy home.

	DATE	WITH WHOM	ADDRESS
PLACED	4-5-22	returned to parents	Marysville, Ohio
RETURNED	12-2-24		
REPLACED	1/1-27	Mr & Mrs Elton Myers	Parisburg
RETURNED	2/24/27		
REPLACED	7-14-28	C.O. Herd	Marysville, O.E. 5th.
RETURNED	10-10-28	"	
REPLACED		Released to Board of Charities .	9-3-29
RETURNED		Address: 206 Ohio St., Wapakoneta, O.	c/o Mrs. C.E. Viet

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
9/29-28	Supt.	good home. Problem of getting child up of mornings			

NAME *Alice May Hughes* NO. *22*
 DATE BORN *6-4-1908* DATE REC'D. *1-2-1920*
 FATHER *Earl A. Hughes* LIVING-DEAD
 ADDRESS *Kent, O.*
 MOTHER *Blanche Tonquet* LIVING-DEAD
 ADDRESS *Kent, O.*
 REC'D FROM *Richwood* TWP. OR CITY **UNION** CO. *a* Nationality

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>1-2-1920</i>		<i>X</i>				
Admitted by Trustees or Managers							
Surrendered by <input type="checkbox"/> Father <input type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Poverty.

Name: **Arthur Hughes** Date rec'd **6-13-33**

Birth date **4-22-21** Birthplace **Magnetic Springs, O.**

Legal residence: State **O.** County **Union** City

Father **Arthur Hughes** Address **Unknown**

Mother **Gladys Holderbaum Hughes** Address **Unknown**

Father

Step Mother Address

Occurrence: New * Old Recurrent

Legal Status: Permanent * Temporary Court committed

Surrendered by-Father Mother No surrender

Otherwise (specify) **Welfare Dept.**

Received for aid or service: with change of domicile

without change of domicile

Support by: County * City

Parents: In full Partial

Otherwise (specify)

V

M. F.
W. C.

* Protestant
Catholic
Jewish
Legitimate
Illegitimate
Foundling
Nationality

A Fa.
A Mo.

Dependent
Neglected
Delinquent
Crippled
Defective
mentally
Mother's aid

Father dead
Mother dead
Full orphan
Fa. deserted
Mo. deserted
Divorced

* Separated
Fa. in Insti.
Mo. in Insti.

No support
Broken home
Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Rela- tives	Own home	Board home	Free home	Wage home	Insti- tution	Financ. care	Super- vision	Dis- charged
9/28/35	Grand M. Lore Rickett	magnetic Springs	X							X	
10/8/35	From " " " "	Returned " "									
9/5/37	with " " "	magnetic Springs	X								
1/21/37	Richard Dasher	Marysville, O. R. D.					X				
10/1/38	From " " "	" " "									
10/18/38	CCC Camp	Shreve. O.									
	940. Fort Benjamin Harrison - Ind. Army.										

✓	At Acceptance child living with	Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.
✓	Both parents Father Mother Father and step mo. Mother and step fa. Relatives Institution Other (specify)	Boy visits C.H. frequently. Seems rather a problem. - visited ... 3/31-38. Rather smug. - seems to be a bully.

Name **Charles Hughes** Date rec'd **6-13-33**

Birth date **9-6-22** Birthplace **Magnetic Springs, O.**

Legal residence: State **O.** County **UNION** City

Father **Arthur Hughes:** Address **Unknown:**

Mother **Gladys Holderbaum Hughes:** Address **Unknown:**

Father
Step Mother Address

Occurrence: New * Old Recurrent

Legal Status: Permanent * Temporary Court committed

Surrendered by-Father Mother No surrender

Otherwise (specify) **Welfare Dept.**

Received for aid or service: with change of domicile

without change of domicile

Support by: County * City

Parents: In full Partial

Otherwise (specify)

v

M. F.
W. C.

Protestant
Catholic
Jewish
Legitimate
Illegitimate
Foundling
Nationality

A.
A. Fa.
Mo.

Dependent
Neglected
Delinquent
Crippled
Defective
mentally
Mother's aid

Father dead
Mother dead
Full orphan
Fa. deserted
Mo. deserted
Divorced
Separated
Fa. in Insti.
Mo. in Insti.

No support
Broken home
Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Rela- tives	Own home	Board home	Free home	Wage home	Insti- tution	Financ. care	Super- vision	Dis- charged
6/24/35	Dale Bushong	Marysville, O.				X					
9/8/35	Re "	"									
6/8/36	C. W. Oakland	Marysville, O. R2				X					
11/16/36	Re -	"									
1/14/37	Clem Ricketts	Canal Winchester	X								
1/30/38	From "	Re. " "									
10/12/38	Relatives - visited ^{meat} working in market with Uncle										
12/30/38	Care closed thru Dept of Welfare Cards. Renewed later										
32 39	Ret to Home wants to get in 3 C camp.										
39	C.C.C. Camps.										

<p>✓ At Acceptance child living with</p>	<p>Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.</p>
<p>Both parents Father Mother Father and step mo. Mother and step fa. Relatives X Institution Other (specify)</p>	<p>Enlisted in Navy. Called from where he was working in Colorado for blood to sign papers. Sent them to head later, visited us in Aug-42 Aug-1943 - Rec'd word Charles was missing in action. Ship was bombed by German's in Mediterranean</p>

NAME *Talitha Hughes* NO. _____
 DATE BORN *Apr 9, 1912* DATE REC'D *Aug 9, 1918*
 FATHER *Earl A. Hughes* LIVING-DEAD
 ADDRESS _____
 MOTHER *Blanch Ingot Hughes Halondor* LIVING-DEAD
 ADDRESS *Columbus, O.*
 REC'D FROM _____ TWP. OR CITY **UNION** CO.

MALE
 FEMALE
 PROT. _____
 R. C. _____
 JEW _____
 COLORED _____
 WHITE
 ILLEG. _____
 Nationality *G.*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers							
Surrendered by ^{Father} Mother							

CAUSE OF DEPENDENCY

Father dead

NAME *Talitha Hughes* NO. *25.* MALE FEMALE
 DATE BORN *Aug. 9, '08* DATE REC'D *1-2-1920* PROT. R. C. JEW
 FATHER *Earl A Hughes.* LIVING-DEAD LIVING-DEAD COLORED
 ADDRESS *Kent, O.* WHITE
 MOTHER *Blanche Touquet* LIVING-DEAD ILLEG.
 ADDRESS *Kent, O.* Nationality
 REC'D FROM *Richwood* TWP. OR CITY **UNION** CO. *A*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>1-2-'20</i>		<i>X</i>				
Admitted by Trustees or Managers							
Surrendered by <input type="checkbox"/> Father <input type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Poverty.

Name **Roger Hewett Jackson** Date rec'd **10/8/37**

Birth date Birthplace **Raymond**

Legal residence: State **Ohio** County **Union** City

Father Address

Mother Address

Father
Step Mother Address

Occurrence: New Old Recurrent

Legal Status: Permanent Temporary Court committed

Surrendered by-Father Mother No surrender

Otherwise (specify)

Received for aid or service: with change of domicile

without change of domicile

Support by: County ***** City

Parents: In full Partial

Otherwise (specify)

- *M. F.
- *W. C.
- n*Protestant
- Catholic
- Jewish
- Legitimate
- *Illegitimate
- Foundling
- Nationality
- Fa.
- Mo.

- *Dependent
- Neglected
- Delinquent
- Crippled
- Defective
- mentally
- Mother's aid

- Father dead
- Mother dead
- Full orphan
- Fa. deserted
- Mo. deserted
- Divorced
- Separated
- Fa. in Insti.
- Mo. in Insti.

- No support
- Broken home
- Unfit home

NAME **Ada Jenkins** No. **554** MALE
~~DATE BORN~~ **Sept 18-1912** DATE REC'D. **June, 4. 1924.** *FEMALE
 FATHER **Edward Jenkins** *~~DEAD~~ *DEAD *PROT.
 ADDRESS **deceased** R. C.
 MOTHER **Lola Estella (Reno) Jenkins** *~~DEAD~~ *DEAD JEW
 ADDRESS **deceased** COLORED
 REC'D FROM **York Twp** TWP. OR CITY **Union** CO. *WHITE
 ILLEG.

A Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct. * 6-4-24 *							
Admitted by Trustees or Managers							
Father							
Surrendered by Mother							
CAUSE OF DEPENDENCY							
<i>Parents ^{are} both deceased, and at present no suitable home for said child</i>							

NAME **Ada**

DATE BORN

No.

FATHER

DATE REC'D

ADDRESS

LIVING

DEAD

MOTHER

ADDRESS

LIVING

DEAD

REC'D FROM

TWP. OR CITY

CO.

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court							
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

NAME *Chloes May Jenkins.* NO. _____ MALE _____
 DATE BORN *Mch. 5. 1912.* DATE REC'D. *May. 22. 1918.* FEMALE
 FATHER *William Jenkins.* LIVING-DEAD _____ PROT.
 ADDRESS _____ R. C. _____
 MOTHER *Edna Cooke Jenkins - Noel.* LIVING-DEAD _____ JEW _____
 ADDRESS *Ohio Reformatory* COLORED _____
 REC'D FROM *Marysville, O.* TWP. OR CITY **UNION** CO. _____ WHITE
 Nationality *a* ILLEG. _____

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>May, 22, '18</i>		<input checked="" type="checkbox"/>				
Admitted by Trustees or Managers							
Surrendered by <input type="checkbox"/> Father <input type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Father died

	DATE	WITH WHOM	ADDRESS
PLACED	July 4-18	Frank Worth,	Richwood, Ohio.
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
8-8-18.	Supt. & Trustees	Good.			
11-4-19	"	Good.			
6-8-20	" " "	"			
8/30-21	" " "	"			
109 22	"	Matron not satisfactory			
7/29/24	"	" Fair Home			

NAME *Dora Jenkins.*

NO.

MALE

DATE BORN *Feb. 7. 1915*

DATE REC'D. *May. 22. 1918*

FEMALE *L*

FATHER *William Jenkins.*

~~LIVING-DEAD~~

PROT. *L*

ADDRESS *Dead*

R. C.

MOTHER *Edna Cook*

~~LIVING-DEAD~~

JEW

ADDRESS *Ohio Reformatory*

COLORED

REC'D FROM *Marysville* TWP. OR CITY

UNION

CO.

WHITE *L*

ILLEG.

Nationality *a*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers	<i>May 22. 1918</i>		<i>L</i>				
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Father dead.

Adopted.

	DATE	WITH WHOM	ADDRESS
PLACED	Sept. 17. 1918.	Fay Riley	Middleburg, Ohio.
RETURNED	Oct. 12. 1918.		
REPLACED	1-4. 1919.	O. W. Cheney,	Richwood, Ches. ^{North Finley Church}
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
11-4-'19	Trustee.	Good.			
6-8-'20	Trustees + Supt.	Good.			
8/30-21	Reported by Mr. Clipstine	- Good.			
7/19-22	Trustees, Supt & Matron	Good Home.			
	adopted by O W Cheney	Richwood.			

NAME *Hazel Jenkins.* NO. _____ MALE
 DATE BORN *Aug. 22, 1913.* DATE REC'D. *May, 22, 1918* FEMALE
 FATHER *William Jenkins.* LIVING-DEAD
 ADDRESS _____ R. C. _____
 MOTHER *Edna Cook Jenkins Noel.* LIVING-DEAD JEW _____
 ADDRESS *Marysville* COLORED _____
 REC'D FROM *Marysville, O.* TWP. OR CITY **UNION** ILLEG. _____
 CO. _____ Nationality *a*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers	<i>May 22, 1918</i>		<i>v</i>				
Surrendered by <input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Father died

	DATE	WITH WHOM	ADDRESS
PLACED	June, 29, 1918;	Marlow O. Mathers.	Richwood, Ohio.
RETURNED	July 29, 1921	Mrs. Robertson	" "
REPLACED	Jan 29 -		
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
Aug. 8, 1918.	By Trustees + Supt.	Good home.			
11-4-19	Trustees	Good			
6-8-20	" + Supt.	Good.			
Aug 30	" + Supt.	Unsettled.			
" 29	"				
7/29/24	"	good home.			
7/19/24	"	"			

Miss. Penn.

NAME **Lola Edna Jenkins** No. **553** MALE
 DATE BORN **March, 19. 1909** DATE REC'D: **6-4-1924.** ~~F~~FEMALE
 FATHER **Edward Jenkins** ~~P~~PROT.
 STATUS **deceased** ~~R~~R. C.
 ADDRESS **deceased** ~~J~~JEW
 MOTHER **Lola Estella Jenkins** ~~C~~COLORED
 ADDRESS **deceased** ~~W~~WHITE
 REC'D FROM **York Twp** TWP. OR CITY **Union** CO. - ~~I~~ILLEG.
 Nationality **A**

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct. *	6-4-24		*				
Admitted by Trustees or Managers							
Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Parents are both deceased, and at present no suitable home for said child.

NAME

Lola Elma Jenkins

No.

DATE BORN

DATE REC'D

FATHER

ADDRESS

MOTHER

ADDRESS

REC'D FROM

TWP. OR CITY

CO.

MALE

FEMALE

PROT.

R. C.

JEW

COLORED

WHITE

ILLEG.

Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court							
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

NAME

Lola Edna Jenkins

No.

DATE BORN

DATE REC'D

MALE

FEMALE

PROT.

R. C.

JEW

COLORED

WHITE

ILLEG.

Nationality

FATHER

MOTHER

MOTHER

ADDRESS

REC'D FROM

TWP. OR CITY

CO.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court							
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Name **DELMER JEREW** Date rec'd **4/8/37**

Birth date **10/7/26** Birthplace **Hepburn-Harding Co.**

Legal residence: State **Ohio** County **Union** City **Richwood**

Father **Delmer Jerew** Address **Richwood, Ohio**

Mother **Helen Davis Jerew** Address **Unknown:**

Father
Step Mother Address

Occurrence: New * Old Recurrent

Legal Status: Permanent Temporary * Court committed *

Surrendered by—Father Mother No surrender

Otherwise (specify)

Received for aid or service: with change of domicile
without change of domicile

Support by: County **K** City

Parents: In full Partial

Otherwise (specify)

*M. F.
*W. C.

* Protestant
Catholic
Jewish
Legitimate
Illegitimate
Foundling
Nationality

A Fa.
A Mo.

* Dependent
Neglected
Delinquent
Crippled
Defective
mentally
Mother's aid

Father dead
Mother dead
Full orphan
Fa. deserted
Mo. deserted
Divorced

* Separated
Fa. in Insti.
Mo. in Insti.

No support
Broken home
Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Rela- tives	Own home	Board home	Free home	Wage home	Insti- tution	Financ- care	Super- vision	Dis- charged
6-39	Mrs Collier Boarding Home	Mansfield O									X
7-5-39	Later taken to	O.S.S.H. at Xenia						X			
July 1-1939		Case closed by order of Probate Court									

v

At Acceptance
child living with

- Both parents
- Father
- Mother
- Father and step mo.
- Mother and step fa.
- Relatives
- Institution
- Other (specify)

Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
1951	Adaptation completed - case closed										X

2. Reason for closing Baby [REDACTED] adapted by foster parents

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

NAME *Johnson, Daisy* NO. *20*
 DATE BORN *7-2-07* DATE REC'D. *2-18-18*
 FATHER *Frank Johnson.* LIVING-DEAD
 ADDRESS *Magnetic Springs.*
 MOTHER *Minnie W. Dale.* LIVING-DEAD
 ADDRESS *Magnetic Springs.*
 REC'D FROM *Leeburg.* TWP. OR CITY **UNION** CO.

MALE
 FEMALE ✓
 PROT. ✓
 R. C.
 JEW
 COLORED
 WHITE ✓
 ILLEG.
 Nationality *a*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers	<i>2-18-18</i>		<i>✓</i>				
Surrendered by Father Mother							

CAUSE OF DEPENDENCY

Parents mentally deficient.

NAME *Ida May Johnson* NO.
 DATE BORN *5/15-1904* DATE REC'D *2/18, 1918.* ~~MALE~~
 FATHER *Frank Lewis Johnson* FEMALE
 ADDRESS *Ostrander, Ohio.* LIVING-~~DEAD~~ PROT. ✓
 MOTHER *Minnie M^c Dowell* LIVING-~~DEAD~~ R. C.
 ADDRESS *Ostrander, Ohio.* LIVING-~~DEAD~~ JEW
 REC'D FROM *Leesburg* TWP. OR CITY UNION CO. COLORED
WHITE ✓
ILLEG.
Nationality *g.*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers							
Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Mentally deficient and poverty.

NAME *Mary Ellen Johnson* NO. _____
 DATE BORN *Aug. 2, 1902* DATE REC'D *2/18-18*
 FATHER *Frans Johnson* LIVING-~~DEAD~~
 ADDRESS *Magnetic Springs*
 MOTHER *Minnie M^c Dowell* LIVING-~~DEAD~~
 ADDRESS *Magnetic Springs*
 REC'D FROM *Magnetic Springs* TWP. OR CITY **UNION** CO.

MALE _____
 FEMALE
 PROT.
 R. C. _____
 JEW _____
 COLORED _____
 WHITE
 ILLEG. _____
 Nationality *q*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers							
Surrendered by ^{Father} Mother							

CAUSE OF DEPENDENCY

Mentally deficient & poverty (parents)

of age

NAME *Mary Le Johnson* NO. *4* MALE
 DATE BORN *6-2-12* DATE REC'D *7-16-19* FEMALE
 FATHER *Frank Johnson* LIVING-DEAD
 ADDRESS *Magnetic Springs, O.* R. C.
 MOTHER *Minnie M. Dabell* LIVING-DEAD JEW
 ADDRESS *Magnetic Springs* COLORED
 REC'D FROM *Leesburg* TWP. OR CITY ILLEG.
 UNION CO. *a* Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers			<i>x</i>				
Surrendered by ^{Father} Mother							

CAUSE OF DEPENDENCY

Parents feeble-minded.

NAME *Joliff, Viola* NO. *6* MALE
 DATE BORN *5-24-03* DATE REC'D. *6-23-17* FEMALE
 FATHER *Roy Jolliff* LIVING-DEAD PROT.
 ADDRESS *Adnor, Ohio.* R. C.
 MOTHER *Belia Trop Jolliff.* LIVING-DEAD JEW
 ADDRESS *Marion, O.* WHITE
 REC'D FROM *Richwood* TWP. OR CITY UNION CO. *a* ILLEG. Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>6-23-17</i>			<i>L</i>			<i>\$1.00 per. wk.</i>
Admitted by Trustees or Managers							
Surrendered by ^{Father} Mother							

CAUSE OF DEPENDENCY

Parents separated

NAME *Irene Joyner* NO. _____
 DATE BORN *Jan. 19 1915.* DATE REC'D. *Nov. 7, 1921.*
 FATHER *Frank Joyner* LIVING-DEAD _____
 ADDRESS *Plain City, Ohio.* R. C. _____
 MOTHER *Eva Joyner* LIVING-DEAD _____
 ADDRESS _____ COLORED _____
 REC'D FROM *Watkins* TWP. OR CITY **UNION** CO. WHITE
 ILLEG. _____
 Nationality *g.*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>1, 6, 11-8-21</i>						
Admitted by Trustees or Managers	<i>Mrs. Scott.</i>						
Surrendered by ^{Father} Mother							

CAUSE OF DEPENDENCY

Neglected - Home not suitable for rearing a child.

NAME *Mary Elizabeth Joyner* NO.
 DATE BORN *6-6-11* DATE REC'D. *1-29-1919*
 FATHER *Frank Joyner* LIVING-DEAD
 ADDRESS *Arnold*
 MOTHER *Mrs. Eva Joyner* LIVING-DEAD
 ADDRESS
 REC'D FROM *Arnold* TWP. OR CITY **UNION** CO.
 MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality *a*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct. <i>J.C.</i>	<i>1-29-1919</i>						
Admitted by Trustees or Managers							
Surrendered by <input type="checkbox"/> Father <input type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Neglected - Home not suitable.

INSTITUTION AND AGENCY CARD

1. Name of child Kane - Joe Jr. 2. Date accepted 11-1-44 3. Case No. _____

4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year..... within this year..... 5. Religion: Prot. R. C. G. C. Jew Other..... None

6. Race: W N O..... 7. Sex: M F 8. Date of birth 9-2-34 Verified: Y N 9. Place of birth Manassas, Va. State or country

10. Received from: Juvenile Court County Union Co. State or country

11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement

12. Name of father Kane - Joe 13. Address Manassas, Va.

14. Name of mother Kane - Nellie Smith 15. Address Deceased

16. Name of other guardian..... 17. Address.....

18. Whereabouts of child when accepted..... 19. Status of child's parents when accepted.....

20. Whereabouts of child's parents when accepted: { Father In our home
Mother Deceased

21. Assistance received by household: { At time of acceptance.....
Within last two years.....

22. Notes: Mother died, father unable to properly care for children + work.

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
	Graduated from High School - May - 1912 Joined the Air Force in June 1912										X

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

Name Elton Nathaniel Kenton Date rec'd 5-25-34

Birth date 4-29-22 Birthplace

Legal residence: State O. County UNION City

Father Nathaniel B. Kenton Address London Prison Farm

Mother Deceased: Address

Father

Step Mother

Address

Occurrence: New * Old

Recurrent

Legal Status: Permanent

Temporary * Court committed *

Surrendered by—Father

Mother

No surrender

Otherwise (specify) B. J. R.

Received for aid or service: with change of domicile

without change of domicile

Support by: County * City

Parents: In full

Partial

Otherwise (specify)

v

M. F.
W. C.

* Protestant
Catholic
Jewish

* Legitimate
Illegitimate
Foundling
Nationality

A. Fa.
A. Mo.

* Dependent
Neglected
Delinquent
Crippled
Defective
mentally
Mother's aid

Father dead

* Mother dead
Full orphan
Fa. deserted
Mo. deserted
Divorced
Separated

* Fa. in Insti.
Mo. in Insti.

No support
Broken home
Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Relatives	Own home	Board home	Free home	Wage home	Institution	Financ. care	Supervision	Discharged
7/5/34	Will Barnett	Marysville, O. RD				X					
9/8/34	Rel "	"				X					
7/8/37	Albert Martin	"									
4/5/38	From "	Re. " "									
11/1/38	Frank Callant	Quincy, Ohio					X				
1940	With aunt in Detroit working at Airport.										
4-3-	Army - Stationed in Washington State - Care closed legal age										Legal age discharged

Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.

✓

At Acceptance child living with

- Both parents
- Father
- Mother
- Father and step mo.
- Mother and step fa.
- Relatives
- Institution
- Other (specify)

Name Evolena Landrum Date rec'd 5-1-37
 Birth date 9-29-24 Birthplace Broadway, Ohio
 Legal residence: State Ohio County Union City Broadway
 Father Earl Landrum Address Penitentiary
 Mother Ivona Wolford Address Marion, Ohio
 Father _____ Address _____
 Step Mother _____ Address _____
 Occurrence: New Old _____ Recurrent _____
 Legal Status: Permanent _____ Temporary Court committed
 Surrendered by—Father _____ Mother _____ No surrender
 Otherwise (specify) _____
 Received for aid or service: with change of domicile _____
 without change of domicile _____
 Support by: County Union City _____
 Parents: In full _____ Partial
 Otherwise (specify) _____

v
 M. *F.
 W. C.
 * Protestant
 Catholic
 Jewish
 * Legitimate
 Illegitimate
 Foundling
 Nationality
 A Fa.
 A Mo.
 Dependent
 * Neglected
 Delinquent
 Crippled
 Defective
 mentally
 Mother's aid
 Father dead
 Mother dead
 Full orphan
 Fa. deserted
 Mo. deserted
 Divorced
 Separated
 * Fa. in Insti.
 Mo. in Insti.
 * No support
 Broken home
 Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Rela- tives	Own home	Board home	Free home	Wage home	Insti- tution	Financ. care	Super- vision	Dis- charged
8/7	Mrs. Mrs. Elmer Sever	Sewer Rd. Haledon N.J.				X				X	
8/20	Mrs. R. Osborne	Marion N.J.		X							X

✓	At Acceptance child living with	Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.
✓	Both parents Father Mother Father and step mo. Mother and step fa. Relatives Institution Other (specify)	Ret. to mo + step fa. Order of J.C. 8-20-41.

Name Forest Eugene Landrum Date rec'd 5-1-37

Birth date 12-12-1926 Birthplace Clairbourne, Ohio

Legal residence: State Ohio County Union City Clairbourne

Father Earl Landrum Address Penitentiary

Mother Ivona Wolford Address Marion, Ohio

Father
Step Mother Address

Occurrence: New * Old Recurrent

Legal Status: Permanent Temporary * Court committed *

Surrendered by—Father Mother * No surrender

Otherwise (specify)

Received for aid or service: with change of domicile
without change of domicile

Support by: County Union City

Parents: In full Partial *

Otherwise (specify)

v
* M. F.
* W. C.
* Protestant
Catholic
Jewish
* Legitimate
Illegitimate
Foundling
Nationality
A Fa.
A Mo.

Dependent
* Neglected
Delinquent
Crippled
Defective
mentally
Mother's aid

Father dead
Mother dead
Full orphan
Fa. deserted
Mo. deserted
Divorced
Separated
* Fa. in Insti.
Mo. in Insti.

* No support
Broken home
Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Rela- tives	Own home	Board home	Free home	Wage home	Insti- tution	Financ. care	Super- vision	Dis- charged
8/9-40	M. & Mrs. Elmer Sever	..... Lebanon O				X				X	
7/10/43	Sever moved to	Newport Ohio 19 mi from Cincinnati									
45-	Army -	Inactive									
47	Discharged because of	legal age.									

✓	At Acceptance child living with	Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.
✓	Both parents Father Mother Father and step mo. Mother and step fa. Relatives Institution Other (specify)	

NAME *Clairbelle Longshore.* NO. *578*
 DATE BORN *Aug 7-1909* DATE REC'D. *Sept 15-1923* MALE
 FATHER *S.L. Longshore* LIVING-DEAD FEMALE
 ADDRESS *Peoria O.* R. C.
 MOTHER *Elizabeth Brown* LIVING-DEAD JEWS
 ADDRESS *Deceased* COLORED
 REC'D FROM *Peoria O* TWP. OR CITY *Union* CO. WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct. <input checked="" type="checkbox"/>							
Admitted by Trustees or Managers							
Surrendered by Mother <input checked="" type="checkbox"/>	<i>9/15/23.</i>						<i>2.50 pr. w.</i>

CAUSE OF DEPENDENCY

Mother dead. Father unable to look after said child and see to propu. care as to nourishment and Home environments. Home said to be in good condition.

NAME *Gladys Jane Longshore* NO. *519*
 DATE BORN *not 28-1910* DATE REC'D. *Sept 15-1923*
 FATHER *S. L. Longshore* LIVING-DEAD
 ADDRESS *Peoria O.*
 MOTHER *Elizabeth Brown Longshore* LIVING-DEAD
 ADDRESS *Deceased*
 REC'D FROM *Peoria O.* TWP. OR CITY *Union* CO.

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers							
<input checked="" type="checkbox"/> Father Surrendered by Mother	<i>9/15/23.</i>						<i>2.50 per wk</i>

CAUSE OF DEPENDENCY

Mother Dead. Father unable to look after said child and see to proper care as to nourishment and home environments.

NAME *Pauline C. Longshore* NO. *520*
 DATE BORN *4-3-1919* DATE REC'D. *9/15/1923*
 FATHER *S. L. Longshore* LIVING-DEAD
 ADDRESS *Peoria Ohio*
 MOTHER *Elizabeth Brown Longshore* LIVING-DEAD
 ADDRESS *Deceased*
 REC'D FROM *Peoria U. TWP. OR CITY* *Union* CO.

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers							
<input checked="" type="checkbox"/> Father <input type="checkbox"/> Surrendered by Mother							<i>\$2.50</i>

CAUSE OF DEPENDENCY

Mother dead. Father unable to look after said child and see to proper care as to nourishment and Home environments Report given by Father

S. L. Longshore

	DATE	WITH WHOM	ADDRESS
PLACED	9/15/23	with Father return in Home 1110.	Broadway, C.
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
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11/6/28	Matroc & Supt	Average Home.			
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Visits to be discontinued on agreement with representative of the Division of Charities: 7-15-30
 Anne B. Lamm

INSTITUTION AND AGENCY CARD

1. Name of child..... Louder - Lee Roy Jr. 2. Date accepted..... '47 3. Case No.....

4. Status of case: Reopened: Case last closed Reopened: Case last closed
New..... prior to this year..... within this year..... 5. Religion: Prot. R. C. G. C. Jew Other..... None

6. Race: W N O..... 7. Sex: M F 8. Date of birth..... 31 9. Place of birth.....

10. Received from: Juvenile Court..... County Union - Ohio State or country

11. How received: Temporary commitment Permanent commitment..... Temporary surrender..... Permanent surrender..... Voluntary agreement.....

12. Name of father..... Louder - Lee Roy 13. Address Columbus, O.

14. Name of mother..... - Amelia 15. Address Charlottesville, O.

16. Name of other guardian..... 17. Address.....

18. Whereabouts of child when accepted with mother 19. Status of child's parents when accepted divorced

20. Whereabouts of child's parents when accepted: { Father - Columbus, Ohio
Mother - Charlottesville - "

21. Assistance received by household: { At time of acceptance - mother receiving assistance.
Within last two years yes.

22. Notes: Boy ran away from his father & went to mother. She was unable to care for him. Ta. Dad sheriff bring him to Ch. Home Boy refused to go home with father.

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
1949	Army -										X

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

INSTITUTION AND AGENCY CARD

1. Name of child Lucas - Gerald Wayne 2. Date accepted 1-6-1944 3. Case No. 1183
4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year..... within this year..... 5. Religion: Prot. R. C. G. C. Jew Other..... None
6. Race: W N O..... 7. Sex: M F 8. Date of birth 5-16-1940 Verified: Y N 9. Place of birth York Twp.
10. Received from: Richwood, Ohio R. R. 1 County Union Co. State or country
11. How received: Temporary commitment Permanent commitment..... Temporary surrender..... Permanent surrender..... Voluntary agreement.....
12. Name of father Lucas - Edwin Douglas 13. Address Richwood, O. R. R. 1
14. Name of mother Lucas - Mabel Josephine 15. Address deceased
16. Name of other guardian..... 17. Address.....
18. Whereabouts of child when accepted with father 19. Status of child's parents when accepted mother deceased
20. Whereabouts of child's parents when accepted: { Father Living on farm - caring for children
Mother deceased
21. Assistance received by household: { At time of acceptance none
Within last two years.....
22. Notes:

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
				X						X	

<p>2. Reason for closing.....</p> <p>3. Changes in guardianship (Give date and type)</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>4. Changes in source of support (Give date and source)</p> <p>.....</p> <p>.....</p> <p>.....</p>
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INSTITUTION AND AGENCY CARD

1. Name of child..... Lucas - Helen Theresa 2. Date accepted..... Oct. 20 - 40 3. Case No. 1096

4. Status of case: Reopened: Case last closed Reopened: Case last closed
New......prior to this year..... within this year..... 5. Religion: Prot. R. C. G. C. Jew Other..... None

6. Race: W N O..... 7. Sex: M F..... 8. Date of birth..... 11-19-30..... Verified: Y N..... 9. Place of birth.....

10. Received from: Milford Center, O County Union State or country Ohio

11. How received: Temporary commitment Permanent commitment..... Temporary surrender..... Permanent surrender..... Voluntary agreement.....

12. Name of father..... Robert Lucas 13. Address..... Unknown

14. Name of mother..... Lucille Simpson - Lucas - Smith 15. Address..... Marysville O.

16. Name of other guardian..... 17. Address.....

18. Whereabouts of child when accepted..... With mother 19. Status of child's parents when accepted..... Divorced

20. Whereabouts of child's parents when accepted: { Father..... Unknown
Mother..... Marysville O.

21. Assistance received by household: { At time of acceptance..... Direct Relief
Within last two years.....

22. Notes: Mother had not resided in Union Twp. sufficiently long to have gained a residence there in.

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
7/15-41	Mother										
	See Janie Lucas' card										

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

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4. Changes in source of support (Give date and source)

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INSTITUTION AND AGENCY CARD

1. Name of child Lucas, Jane Maylin 2. Date accepted Oct. 25, 1940 3. Case No. 1096
4. Status of case: Reopened: Case last closed Reopened: Case last closed New prior to this year..... 5. Religion: Prot. R. C. G. C. Jew Other..... None
6. Race: W N O..... 7. Sex: M F..... 8. Date of birth 1-19-37 Verified: Y N 9. Place of birth Marysville, O.
10. Received from: Milford Center County Union State or country O.
11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement
12. Name of father Robert Lucas 13. Address Unknown
14. Name of mother Lucille Simpson - Lucas Smith 15. Address Marysville, O.
16. Name of other guardian..... 17. Address.....
18. Whereabouts of child when accepted with mother 19. Status of child's parents when accepted divorced
20. Whereabouts of child's parents when accepted: { Father Unknown
Mother Marysville, O.
21. Assistance received by household: { At time of acceptance Direct Relief
Within last two years.....
22. Notes: See Helen Theresa's card

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
	James Harrison	Col. O.		X		X					
5/5-41-	Mrs. Mrs. Carl Groom	Marysville O.				X				X	
7/16-41	Mother	Columbus, O.	X								X

2. Reason for closing. Juvenile Judge vacated commit. and children were returned to ^{mother}.....

3. Changes in guardianship (Give date and type) Mother under supervision of Franklin Co. Mrs. Mary Redham Prob. officer

4. Changes in source of support (Give date and source) Mother 7/16-1941 Franklin Co. assumed responsibility for family.

INSTITUTION AND AGENCY CARD

1. Name of child Lucas - Lloyd Robert 2. Date accepted 1-6-1944 3. Case No. 1183

4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year within this year 5. Religion: Prot. R. C. G. C. Jew Other None

6. Race: W N O 7. Sex: M F 8. Date of birth 9-2-32 9. Place of birth Richwood, Ohio

10. Received from: Richwood, Ohio R. R. 1 County Union State or country

11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement

12. Name of father Lucas - Edwin Douglas 13. Address Richwood, C. R. R. 1

14. Name of mother Lucas - Mabel Josephine 15. Address deceased

16. Name of other guardian _____ 17. Address _____

18. Whereabouts of child when accepted with father 19. Status of child's parents when accepted Mother deceased

20. Whereabouts of child's parents when accepted: { Father Living on farm caring for children
Mother deceased

21. Assistance received by household: { At time of acceptance None
Within last two years _____

22. Notes: Mother has been dead about one year. Father unable to continue care of children & do work on farm.

INSTITUTION AND AGENCY CARD

1. Name of child..... Lucas - Lowell Roland 2. Date accepted..... 1-6-1944 3. Case No. 1183
4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year..... within this year..... 5. Religion: Prot. R. C. G. C. Jew Other..... None
6. Race: W N O..... 7. Sex: M F 8. Date of birth..... 9-2-1934 Verified: Y N 9. Place of birth..... York Township
State or country.....
10. Received from: Richwood, O. R. R. 1 County..... Union
Temporary commitment..... Permanent commitment..... Temporary surrender..... Permanent surrender..... Voluntary agreement.....
11. How received: Temporary commitment..... Permanent commitment..... Temporary surrender..... Permanent surrender..... Voluntary agreement.....
12. Name of father..... Lucas - Edwin Douglas 13. Address..... Richwood, O. R. R. 1
14. Name of mother..... Lucas - Mabel Josephine 15. Address..... deceased
16. Name of other guardian..... 17. Address.....
18. Whereabouts of child when accepted..... with father 19. Status of child's parents when accepted..... mother deceased
20. Whereabouts of child's parents when accepted: { Father..... Living on farm - caring for children.
Mother..... deceased
21. Assistance received by household: { At time of acceptance..... None
Within last two years.....
22. Notes:

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
	Grandmother & Father - Kissamee Fla			X						X	X

2. Reason for closing

3. Changes in guardianship (Give date and type)

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4. Changes in source of support (Give date and source)

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INSTITUTION AND AGENCY CARD

1. Name of child..... Lucas - Martha Francis 2. Date accepted..... 1-6-1944 3. Case No. 1183
4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year..... within this year..... 5. Religion: Prot. R. C. G. C. Jew Other..... None
6. Race: W N O..... 7. Sex: M F 8. Date of birth..... 7-1938 9. Place of birth..... York Twp
10. Received from: Richwood, O. R. R. I. County Union Co. State or country.....
11. How received: Temporary commitment Permanent commitment..... Temporary surrender..... Permanent surrender..... Voluntary agreement.....
12. Name of father..... Lucas - Edwin Douglas 13. Address..... Richwood, O. R. R. I.
14. Name of mother..... Lucas - Mabel Josephine 15. Address..... Deceased
16. Name of other guardian..... 17. Address.....
18. Whereabouts of child when accepted..... with father 19. Status of child's parents when accepted..... mother deceased
20. Whereabouts of child's parents when accepted: { Father Living on farm - caring for children.
Mother Deceased
21. Assistance received by household: { At time of acceptance..... none
Within last two years.....
22. Notes:

INSTITUTION AND AGENCY CARD

1. Name of child..... Lucas Mildred Faye 2. Date accepted 1-6-1944 3. Case No. 1183
4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year..... within this year..... 5. Religion: Prot. R.C. G.C. Jew Other..... None
6. Race: W N O..... 7. Sex: M F 8. Date of birth 8-13-1936 Verified: Y N 9. Place of birth York Twp
10. Received from: Richwood, O.R.R. County Union Co. State or country
11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement
12. Name of father Lucas - Edwin Douglas 13. Address Richwood, O.R.R.
14. Name of mother Lucas - Mabel Josephine 15. Address deceased
16. Name of other guardian..... 17. Address.....
18. Whereabouts of child when accepted with father 19. Status of child's parents when accepted mother deceased
20. Whereabouts of child's parents when accepted: { Father Living on farm - caring for children.
Mother deceased.
21. Assistance received by household: { At time of acceptance none
Within last two years.....
22. Notes:.....

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wake Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
				X						X	
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<p>2. Reason for closing.....</p> <p>3. Changes in guardianship (Give date and type)</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>4. Changes in source of support (Give date and source)</p> <p>.....</p> <p>.....</p> <p>.....</p>
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INSTITUTION AND AGENCY CARD

1. Name of child Lucas Ruth Ellen 2. Date accepted Oct. 25. 1940 3. Case No. 1096
4. Status of case: Reopened: Case last closed prior to this year Reopened: Case last closed within this year 5. Religion: Prot. R. C. G. C. Jew Other None
6. Race: W N O 7. Sex: M F 8. Date of birth 11-7-1934 9. Place of birth T. Hurston, O.
10. Received from: County _____ State or country _____
11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement
12. Name of father Robert Lucas 13. Address Unknown
14. Name of mother Jucille Simpson - Lucas Smith 15. Address Mayville
16. Name of other guardian _____ 17. Address _____
18. Whereabouts of child when accepted with mother 19. Status of child's parents when accepted divorced
20. Whereabouts of child's parents when accepted: { Father Unknown
Mother Mayville, O.
21. Assistance received by household: { At time of acceptance Direct Relief
Within last two years _____
22. Notes: See Helen Theresa's card

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
7/16-41	Malthu	See Janie Queen's card.									

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

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4. Changes in source of support (Give date and source)

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INSTITUTION AND AGENCY CARD

1. Name of child Lucas - Wanda Lou 2. Date accepted Oct. 23-'40 3. Case No. 1096
4. Status of case: Reopened: Case last closed Reopened: Case last closed New prior to this year..... 5. Religion: Prot. R. C. G. C. Jew Other..... None
6. Race: W N O..... 7. Sex: M F 8. Date of birth 12-19-1926 Verified: Y N 9. Place of birth Blanchard O.
10. Received from:..... County..... State or country.....
11. How received: Temporary commitment..... Permanent commitment..... Temporary surrender..... Permanent surrender..... Voluntary agreement.....
12. Name of father Robert Lucas 13. Address Unknown
14. Name of mother Lucille Simpson - Lucas Smith 15. Address Marysville O.
16. Name of other guardian..... 17. Address.....
18. Whereabouts of child when accepted With mother 19. Status of child's parents when accepted divorced
20. Whereabouts of child's parents when accepted: { Father Unknown
Mother Marysville O.
21. Assistance received by household: { At time of acceptance Direct Relief
Within last two years.....
22. Notes: See Helen Therese card

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
7/16-41	Mother.										
	See Janis Lucas' card.										

2. Reason for closing

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

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NAME *Annabelle Luke* NO. *8*
 DATE BORN *4-16-1915* DATE REC'D *1-6-1920*
 FATHER *William R. Luke* LIVING-DEAD
 ADDRESS *Marysville, O.*
 MOTHER *M. G. Snack* LIVING-DEAD
 ADDRESS *Marysville*
 REC'D FROM *Marysville* TWP. OR CITY **UNION** CO. *a* Nationality

MALE
 < FEMALE
 < PROT.
 R. C.
 JEW
 COLORED
 < WHITE
 ILLEG.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>1-6-20</i>		<i>X</i>				
Admitted by Trustees or Managers							
Surrendered by <input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Father sick

	DATE	WITH WHOM	ADDRESS
PLACED	9-26-'20	Mr. + Mrs. Geo. Kirkland.	R. R. #1.
RETURNED	11-16-'20	returned	Magnetic Springs
REPLACED	8-25-21	Mr. + Mrs. Jas. Prier	Richwood O.
RETURNED	9-5-'21	placed in	of Mr. + Mrs. C.A. Massie
REPLACED		of Woodstock, Ohio.	
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
8-30-21	Supt. + Blaney	Good Home.			
11/20/22	Supt + Matron	Good Home.			
7/30/24	"	"			
7/27-27	Supt + Matron	Good Home.	3/13-34	Matron	A-No 1-Home.
11/14/28	" + "	Trice "			
8/6/29	" + "	" "			
12/30/30	" + "	" "			
8/27/31	" + "	" "			

NAME *Edwin Luke* NO. *9.* MALE
 DATE BORN *4-10-'11* DATE REC'D *1-1-20* < FEMALE
 FATHER *William R. Luke* LIVING-DEAD < PROT.
 ADDRESS *Marysville* R. C.
 MOTHER *Myrtle Snack* LIVING-DEAD < JEW
 ADDRESS *Marysville O.* < COLORED
 REC'D FROM *Marysville* TWP. OR CITY **UNION** CO. *a* < WHITE
 ILLEG. Nationality

Wage CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>2-1-6-'20</i>		<i>X</i>				
Admitted by Trustees or Managers							
Surrendered by ^{Father} Mother							

CAUSE OF DEPENDENCY

Father sick.

	DATE	WITH WHOM	ADDRESS
PLACED	2-5-23.	Wt. Vernon Q. J.B., Sanatorium	
RETURNED	1/12/24	From O.S.S. Mt Vernon Q.	pronounced cured
REPLACED	4-6-25.	S.T. Simkins	Raymond, Ohio.
RETURNED	12/1-26		
REPLACED	9/4/27	Floyd C. Kerns	
RETURNED	11/4/27	Returned to home	ill health
REPLACED	11/11/27	Floyd C. Kerns to	Peoria Rt #1
REPLACED			
RETURNED	12/29/28	Leslie Hoovers	Peoria, O. R #1

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
1.9.26	Mrs Saback	average			
5.14.26					
7/30/26	-	" "			
11-11-26					
11/15/28	Supts Matron	Good House			
2/14/29	Supt.	" "			
1/30/29	" "	" "			
		(Boy not satisfied)			

NAME

Elnore Luke

No.

DATE BORN

DATE REC'D

FATHER

LIVING

DEAD

ADDRESS

MOTHER

LIVING

DEAD

ADDRESS

REC'D FROM

TWP. OR CITY

CO.

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court							
Admitted by Trustees or Managers							
- Surrendered by Father Mother							

CAUSE OF DEPENDENCY

NAME *Ester Marie Luke* NO. *2.*
 DATE BORN *3-30-'07* DATE REC'D *1-6-1920*
 FATHER *William R. Luke* LIVING-DEAD
 ADDRESS *Marysville, O.*
 MOTHER *Mattie Snack* LIVING-DEAD
 ADDRESS *Marysville, O.*
 REC'D FROM *Marysville* TWP. OR CITY **UNION** CO. *a* Nationality

MALE
 < FEMALE
 < PROT.
 R. C.
 JEW
 COLORED
 < WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>2 1-1-20</i>		<i>X</i>				
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father sick.

	DATE	WITH WHOM	ADDRESS
PLACED	May, 6 ⁵²⁰	Mr. + Mrs. Chas. Hammawalt.	New Dover, O.
RETURNED	March 1921	Placed with James Cody	
REPLACED		Ostrander, Ohio	117 W. Main St., Columbus, O
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
5-6-'20	Supt	Good.			
8/30-21	Trustees	Supt. Good report.			
4/2223,	Marion	Good.			
12, 24 24 -	Marion	Good.			

NAME *William E. Luke* NO. *3*
 DATE BORN *1-5-'17* DATE REC'D *1-6-'20*
 FATHER *William A. Luke* LIVING-DEAD
 ADDRESS *Marysville, O.*
 MOTHER *Myrtle Snack.* LIVING-DEAD
 ADDRESS *Marysville, O.*
 REC'D FROM *Marysville* TWP. OR CITY

M A L E
 F E M A L E
 P R O T.
 R. C.
 J E W
 C O L O R E D
 W H I T E
 I L L E G.
 N a t i o n a l i t y

UNION

CO.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>1-6-'20</i>		<i>X</i>				
Admitted by Trustees or Managers							
Surrendered by Father Mother							

CAUSE OF DEPENDENCY

Sickness of father.

	DATE	WITH WHOM	ADDRESS
PLACED	3-17-20.	J. R. Livingston	1442 Highland Ave. Marysville, Ohio.
RETURNED			Columbus O.
REPLACED			
RETURNED			
REPLACED		(Legal age)	
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
6-16-20	Supt & Trustees.	Good			
9-20-21	Mrs. J. M. Fry	Good			
11-23-23	Mrs. Lloyd Patrick				

NAME *Edna Marie Martino* NO. _____ MALE
 DATE BORN *8-3-1904* DATE REC'D *9-22-1920* \ FEMALE
 FATHER *Nelson Martino* LIVING-DEAD \ PROT.
 ADDRESS *Richwood, 134 Blaine Ave.* R. C.
 MOTHER *Sarah Glasscock* LIVING-DEAD \ JEW
 ADDRESS *Unknown* \ WHITE
 REC'D FROM *Richwood* TWP. OR CITY **UNION** CO. *A* ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>yes, 7-22-'20</i>						
Admitted by Trustees or Managers							
Surrendered by ^{Father} Mother							

CAUSE OF DEPENDENCY

Parents separated

NAME *Ethel Alvira McCown* No. _____
 DATE BORN *Jan 9th 1917* DATE REC'D *July 6 - 1926*
 FATHER *W M Thomas McCown*
 ADDRESS *Head.*
 MOTHER *Mabel Myrtle (Lane) McCown*
 ADDRESS *Col. O.*
 REC'D FROM *Watkins* TWP. OR CITY *Union* CO. _____
 Nationality _____

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality _____

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	<i>7/6/26</i>	<i>X</i>			<i>X</i>		<i>whatever she can.</i>
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father dead. Mother trying to find work.

NAME *Mabel Irene McCowan* No. _____
 DATE BORN *Feb 9th 1922.* DATE REC'D *July 8-26.*
 FATHER *Wm Thomas McCowan*
 ADDRESS *Dead.*
 MOTHER *Mabel Myrtle (Lane) McCowan*
 ADDRESS *Col. B.*
 REC'D FROM *Watkins* TWP. OR CITY *Union* CO. _____
 Nationality _____

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality _____

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	<i>July 8-1926</i>	<i>X</i>					<i>whatever she can</i>
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father dead mother out of work & family in bad financial standing.

NAME *Marion Ralph M. Cown*
 DATE BORN *Aug 28 - 1922* DATE REC'D *July 6 - 1926*
 FATHER *Wm Thomas M. Cown*
 ADDRESS *head*
 MOTHER *Mabel Myrtle M. Cown*
 ADDRESS *Col. B*
 REC'D FROM *Waikins* TWP. OR CITY *Mill Creek Twp. Pa.* CO. *Pa.*

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	<i>26 July</i>	<i>X</i>				<i>whatever she can</i>	
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father dead

NAME *Shloa M.S. Kean* No. *616*
 DATE BORN *11-28-1914* DATE REC'D. *9-14-1925-*
 FATHER *Sherman M.S. Kean* LIVING-DEAD
 ADDRESS *Arnold, O.*
 MOTHER *Sadie M.S. Kean* LIVING-DEAD
 ADDRESS *Unknown*
 REC'D FROM *Father* TWP. OR CITY *Arnold, O.* CO.

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct. <i>x</i>	<i>9/14/25</i>	<i>Temp</i>		<i>By Father if able</i>			
Admitted by Trustees or Managers							
Surrendered by <input type="checkbox"/> Father <input type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Parents Separated

	DATE	WITH WHOM	ADDRESS
PLACED	8-3-29	With Sister-Mrs. Wm. Harper	Plain City, O. R.D.
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
2/26/30	Supt. M.	Fair Home			
3/13-39	Mahon	"			
-35	"	Married. Lives in Amlin.			

NAME *Edna M. Kean* No. *617*
 DATE BORN *16-2-1917* DATE REC'D.
 FATHER *Sherman M. Kean* LIVING-DEAD
 ADDRESS *Arnold, O.*
 MOTHER *Sadie M. Kean* LIVING-DEAD
 ADDRESS *Unknown*
 REC'D FROM *father* TWP. OR CITY *Arnold O. CO.*

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct. <i>x</i>		<i>Temp</i>		<i>When able to pay.</i>			
Admitted by Trustees or Managers							
Surrendered by Mother ^{Father}							

CAUSE OF DEPENDENCY

Parents Separated

	DATE	WITH WHOM	ADDRESS
PLACED	4/21/1928	E. S. Elliott	Richwood R.R. 5-
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			

Discharged $\frac{2}{28}$ -1939 Legal age

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
11/14/28	Matrons Supt.	Good House			
8/16/29	"	"			Foster parents very patient with girl.
7/11/30	"	"			Foster mo. says g. very impudent with her. Vis talked with girl promises to do better.
6/14/32	"	"			No complaint.
3/13-34	Matron	"			Everything satisfactory.
'35	"	"			
'36	"	"			
'37		These people are very fine.			

NAME *Elsworth M. E. Kean* NO. *615*
 DATE BORN *11-8-1911* DATE REC'D. *9-14-25*
 FATHER *Sherman M. E. Kean* LIVING-DEAD
 ADDRESS *Arnold, O.*
 MOTHER *Sadie Towns M. E. Kean* LIVING-DEAD
 ADDRESS *unknown*
 REC'D FROM *Arnold* TWP. OR CITY CO.

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct. <input checked="" type="checkbox"/>		<i>Temp.</i>					
Admitted by Trustees or Managers		<i>Per.</i>					
Father <input checked="" type="checkbox"/>							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Father & mother not living together & no one at home to care for child

NAME Douglas Lloyd Miller No. 569
 DATE BORN Feb 20. 1917 DATE REC'D. Jan 5, 1925
 FATHER Otto Miller - LIVING-~~DEAD~~
 ADDRESS Richwood, Ohio. R.F.D. #, 1. R. C.
 MOTHER Martha M. Miller LIVING-DEAD * WHITE
 ADDRESS Richwood, Ohio. ILLEG.
 REC'D FROM Jackson, TWP. OR CITY Union CO. A Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	yes 1-5-25	yes		yes			one dollar per W
Admitted by Trustees or Managers							
Surrendered by Father Mother							

CAUSE OF DEPENDENCY

WITH WHOM

ADDRESS

RETURNED

1/24/25

Father

REPLACED

3/1/30

Edgar Willis

Basil, O. R. D.

RETURNED

REPLACED

Adopted 1-12-32

RETURNED

by

REPLACED

Edgar & Minnie Willis

RETURNED

RECORD OF VISITS

DATE BY WHOM

REMARKS

DATE BY WHOM

REMARKS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
6-18-31	Supt.	good Home - Satisfied			
11-30-31	"	" " "			

NAME Harry Miller

No. 731

DATE BORN 6-9-20

DATE REC'D 1-28-29

FATHER Jesse Miller

LIVING

DEAD *

ADDRESS 55 Hartford St., Columbus, O.

MOTHER Emma J. Miller

LIVING

DEAD *

ADDRESS Richwood, O.

REC'D FROM

Richwood, O.

TWP. OR CITY

Union Co.

CO.

 * MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	1-28-29	Temp.		Yes		\$5.00	per Wk.
Admitted by Trustees or Managers					or	\$2.50	Howard Wk.
- Surrendered by Father Mother						\$2.50	Harry "

CAUSE OF DEPENDENCY

Father & Mother are living seperate, the
 Children have been living with Mother and
 she is unable to support them, Father has
 failed to give any support.

NAME **Howard Miller**No. **731**DATE BORN **5-3-15**DATE REC'D **1-28-29**FATHER **Jesse Miller**

LIVING

DEAD*

ADDRESS **55 Hartford St., Columbus, O.**MOTHER **Emma J. Miller Richwood, O.**

LIVING

DEAD*

ADDRESS **Richwood, O.**REC'D FROM **Richwood, O.**

TWP. OR CITY

Union Co.

CO.

MALE

FEMALE

PROT.

R. C.

JEW

COLORED

*WHITE

ILLEG.

Nationality

A.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	1-28-29	Temp.		Yes			\$5.00 per WK
Admitted by Trustees or Managers							or \$2.50 Howar
Surrendered by Mother							\$2.50 Harry

CAUSE OF DEPENDENCY

Father & Mother are living seperate, the children have been living with Mother and she is unable to support them, Father has failed to give any support.

NAME Isabelle Irene Miller No. 570 MALE
 DATE BORN Jan 30th 1920 DATE REC'D. Jan 5th 1925 * FEMALE
 FATHER Otto Miller * LIVING-DEAD * PROT.
 ADDRESS Richwood, Ohio. R.F.D. #, 1# R. C.
 MOTHER Martha M. Miller * LIVING-DEAD * JEW
 ADDRESS Richwood, Ohio. * WHITE
 REC'D FROM Jackson TWP. OR CITY Union CO. A Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	Yes 1-5-25	yes		Yes	one	dollar per	Week
Admitted by Trustees or Managers							
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

	DATE	WITH WHOM	ADDRESS
PLACED			
RETURNED	1/24/25	Father	
REPLACED			
RETURNED	4/18/25		
REPLACED	6/11/25	McC. C. Lytle,	Richwood O
RETURNED	6/16/25	ret	
REPLACED	6/14/30	Burl Belville	Marysville, O. R4
RETURNED	8/23/30	From "	"

RECORD OF VISITS

Replaced:	9/5/31	- Father	Old Miller	Marion, O	
DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
Returned:	7-15-32	From "	"	"	"
					564 Barnes St.

NAME *Isabelle Irene Miller* No.

DATE *1-30-20* DATE REC'D

FATHER LIVING DEAD

ADDRESS

MOTHER LIVING DEAD

ADDRESS

REC'D FROM TWP. OR CITY CO.

MALE
FEMALE
PROT.
R. C.
JEW
COLORED
WHITE
ILLEG.
Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			
				By Fath.	By Moth.	By Guard.	TERMS
Committed by Juv. Court							
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

	DATE	WITH WHOM	ADDRESS
PLACED	5-15-33	C. F. McCracken	Peoria
RETURNED	8-7-33	"	"
REPLACED	8/12/34	Howard Elliott	W. Mansfield, o
RETURNED	11/1/36	From " "	" "
REPLACED	6/12/36	Ralph Peel	Richwood-o.
RETURNED FRANKS.	11/15/36	From Peel to P. M. C. M. L.	" " o.
REPLACED	1941-	Discharged because of legal age.	
RETURNED		Now working in Urbana Ohio, Very fine girl.	

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
7/9/34	M. x S.	good Home - Satisfied.			
1935	" " "	" " girl dis .. wants to run around po. pen. do not allow it.			
3/1936	" "	" " for par. think will move.			
'37	" "	" " vis gr. in school.			
'37	" "	" " " " Home.			
'38	" "	" " " " " "			
'38		girl came to home. visited her.			

NAME Mary Jane Miller

No. 568

MALE

BORN Sept 16, 1916

DATE REC'D. Jan 5th 1925

* FEMALE

FATHER Otto Miller

* LIVING-DEAD

PROT.

ADDRESS Richwood, Ohio. R.F.D. #, 1.

R. C.

MOTHER Martha M. Miller

LIVING-DEAD

JEW

ADDRESS Richwood, Ohio.

COLORED

REC'D FROM Jackson,

TWP. OR CITY

Union

CO.

WHITE

ILLEG.

Nationality

(Father)
532 Columbia St.
Marion, O.
(12/12/29)

 CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. <i>yes</i>	1-5-25	<i>yes</i>		<i>yes</i>	<i>one dollar</i>	<i>per</i>	<i>Week</i>
Admitted by Trustees or Managers							
Surrendered by <i>Father</i>							
Surrendered by <i>Mother</i>							

CAUSE OF DEPENDENCY

	DATE	WITH WHO 1	ADDRESS
PLACED			
RETURNED	1/24/25	Father	Richwood O
REPLACED			
RETURNED	4/18/25		
REPLACED	4/13/31	Emery Butts	New California O. Union Co. R 3.
RETURNED	6/20/32	From " "	" "
REPLACED	9/10/32	Lowell Fisher	Broadway O. Chgo add. Min 196
RETURNED	8/13/34	From " "	" "

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
1-15-31	M. & Supt	Good Home			
3/13-34	Mation	" "			

Mary Miller

No.

MALE
FEMALE
PROT.
R. C.
JEW
COLORED
WHITE
ILLEG.
Nationality

DATE BORN

DATE REC'D

FATHER

LIVING

DEAD

ADDRESS

MOTHER

LIVING

DEAD

ADDRESS

REC'D FROM

TWP. OR CITY

CO.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			
				By Fath.	By Moth.	By Guard.	TERMS
Committed by Juv. Court							
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

NAME Otto Miller, Jr. No. 571 MALE
 DATE BORN Sept 1, 1921 DATE REC'D. Jan 5. 1925 FEMALE
 FATHER Otto Miller * LIVING ~~DEAD~~ - PROT.
 ADDRESS Richwood, Ohio. R.F.D. #, 1. R. C.
 MOTHER Martha M. Miller LIVING ~~DEAD~~ - COLORED
 ADDRESS Richwood, Ohio. WHITE
 REC'D FROM Jackson TWP. OR CITY Union CO. A Nationality ILLEG.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	1-5-25	Yes		yes			one \$. per Wk
Admitted by Trustees or Managers							
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

NAME **Otto Junior Miller** No. _____
 DATE BORN _____ DATE REC'D _____
 FATHER _____ LIVING _____ DEAD _____
 ADDRESS _____
 MOTHER _____ LIVING _____ DEAD _____
 ADDRESS _____
 REC'D FROM _____ TWP. OR CITY _____ CO. _____

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court							
Admitted by Trustees or Managers							
Surrendered by ^{Father} Mother							

CAUSE OF DEPENDENCY

	DATE	WITH WHOM	ADDRESS
PLACED	7/29/33	James H. Gay ^(Gay)	Marysville 93
RETURNED	7/5/40	Mr + Mrs James	Piquette, O.
REPLACED		Discharged because of legal age	1942
RETURNED		Boy in The Air Corps. Splendid fellow.	
REPLACED		We are proud ^{that} he is one of "our boys."	
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
3/2-34	Maria	Good Home			
'35	..	.. ..			Sees boy frequently visits at the
'36	..	.. ..			Home. Always dressed nice.
'37	-	.. ..			Excellent home - everything sat. Junior
39	..	.. ..			visits us frequently fine lad.
40	..	.. ..			Boy graduated this spring.
46	Boy went to live with sister Mrs				position in furniture factory

NAME *Paul Miller* No. *593*
 DATE BORN *2-2-23* DATE REC'D. *Feb 27-1925*
 FATHER *Otto Miller* LIVING-DEAD
 ADDRESS *Lane Ohio*
 MOTHER *Mary Miller* LIVING-DEAD
 ADDRESS *Wetboit Mich*
 REC'D FROM TWP. OR CITY CO. Nationality

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>2-27-23</i>			<i>X</i>			<i>1.00 per wk.</i>
Admitted by Trustees or Managers							
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Parents separated.

	DATE	WITH WHOM	ADDRESS
PLACED	4-25-30	Ernest Webb	Delaware, O. R. 5
RETURNED	5-31-31	Re.	
REPLACED	9/5/31	Father - Otto Miller	Marion, O. St.
RETURNED	7/15/32	From " "	564 Barne St.
REPLACED	2/17/33	Ernest Webb	Delaware, O. R. 5
RETURNED		In Paratrooper. Dis. because of leg & eye.	
REPLACED		Injured & in Penn. Hospital.	
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
3/12-34	Mahin	Good Home			
'34	"	" "			
'35	"	" "			Boy contented, works in spring & summer
'36	"	" "			has own money - Parents very fine to him
'37	"	" "			
'38	"	Everything satisfactory in home. Talked with both boys			

NAME

Ruth Miller

No.

DATE BORN

DATE REC'D

FATHER

LIVING

DEAD

ADDRESS

MOTHER

LIVING

DEAD

ADDRESS

REC'D FROM

TWP. OR CITY

CO.

M.
FEMALE

PROT.

R. C.

JEW

COLORED

WHITE

ILLEG.

Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court							
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

DATE

WITH WHOM

ADDRESS

PLACED

RETURNED

REPLACED

RETURNED

REPLACED

RETURNED

REPLACED

RETURNED

RECORD OF VISITS

DATE BY WHOM

REMARKS

DATE

BY WHOM

REMARKS

1/24/25

Father

Richwood O.P.L.

4/18/25

4/18/25

7-30-28

Daie W. Bushong 2 Week

Peoria, O.R.D.

8-12-28

9-10-29

Bernard Anderson

Marysville, O.P.L.

6-9-30 Re^{From}

Replaced 1-15-31 Ethel Reed

Clair bor ne. o

12/11/29 Mother & Subst.
7/23/31 " " girl not satisfied

Time Home

NAME Ruth Maye Miller No. 567
 DATE BORN Nov 22. 1914 DATE REC'D. Jan 5th 1925
 FATHER Otto Miller LIVING-~~DEAD~~
 ADDRESS Richwood, O. R.F.D. #, 1.
 MOTHER Martha Miller LIVING-~~DEAD~~
 ADDRESS Richwood, Ohio.
 REC'D FROM Jackson TWP. OR CITY Union CO. ANationality

*FEMALE
 *PROT.
 R. C.
 JEW
 COLORED
 *WHITE
 ILLEG.
 ANationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	yes 1-5-25	yes		yes			one \$. per Week.
Admitted by Trustees or Managers							
Surrendered by Father Mother							

CAUSE OF DEPENDENCY

Father and Mother sererated

NAME *Moats, Hazel* NO. *12* MALE
 DATE BORN *5-16-06* DATE REC'D. *2-28-12* FEMALE
 FATHER *Edward Moats.* LIVING-~~DEAD~~ PROT.
 ADDRESS *In the War.* R. C.
 MOTHER *Alice Patch* LIVING-DEAD JEW
 ADDRESS *Dead.* COLORED
 REC'D FROM *Union Tp.* TWP. OR CITY **UNION** CO. WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers	<i>2-28-12</i>		<i>2</i>				
Surrendered by ^{Father} Mother							

CAUSE OF DEPENDENCY

Mother died

	DATE	WITH WHOM	ADDRESS
PLACED	6-22 ²²	Benjamin Turner	Marysville, Ohio
RETURNED	6-24-22	Homesick.	
REPLACED	6-23-23	John Crossway	Plain City O
RETURNED	8-3-24		
REPLACED	7/13/24	John Smallwood	Marysville
RETURNED	6/1/25		
REPLACED	8/9-25	Mrs. Lignian	Marysville.
RETURNED	12-24-26		

8/13/1927 - Jess ^{Carroll} RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
1-26-24	Wahon	Unsettled.			
12/2/24	" "	Good			
1/30/26	" "	Very Satisfactory			
7/13/26	" "	Good.			

3-13-27 Placed with Henry Conklin R,D,2, Plain City O.
 5-16-27-21-years of age & with Conklin's " "

NAME **Henry Mohler** No. **807**
 DATE BORN **9-19-20** DATE REC'D **8-29-31**
 FATHER **Edward Mohler** LIVING **婚葬**
 ADDRESS **Marion, O. (Jail)**
 MOTHER **Belle Phillips Mohler** LIVING **婚葬**
 ADDRESS **Union Co. Home**
 REC'D FROM **Marion** TWP. OR CITY **Marion** CO.

* MALE
 FEMALE
 * PROT.
 R. C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 A. Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			
				By Fath.	By Moth.	By Guard.	TERMS
Committed by Juv. Court	8-29-31	Temp.					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father in jail in Marion, O. Charge-concealed weapons,
Mother in Union Co. Home.

NAME **Homer Mohler**No. **807**DATE BORN **3-20-28**DATE REC'D **8-29-31**FATHER **Edward Mohler**

LIVING

~~807~~ADDRESS **Marion, O. (Jail)**MOTHER **Belle Phillips Mohler**

LIVING

~~807~~ADDRESS **Union Co. Home**REC'D FROM **Marion**

TWP. OR CITY

Marion

CO.

* MALE
 * FEMALE
 * PROT.
 R. C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 A. Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	8-29-31	Temp.					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father in jail at Marion, O. charge-concealed weapons

Mother in Union Co. Home.

NAME **Raymond Mohler**No. **807**DATE BORN **9-1-18**DATE REC'D **8-29-31**FATHER **Edward Mohler**

LIVING

~~DECEASED~~ADDRESS **Marion, O. (Jail)**MOTHER **Belle Phillips Mohler**

LIVING

~~DECEASED~~ADDRESS **Union Co. Home**REC'D FROM **Marion**

TWP. OR CITY

Marion

CO.

* MALE
 * FEMALE
 * PROT.
 R. C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 A Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	8-29-31	Temp.					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father in jail in Marion, O. Charge -concealed weapons**Mother in Union Co. Home**

NAME **Thomas Mohler**No. **807**

MALE
 FEMALE
 * PROT.
 R. C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 A. Nationality

DATE BORN **7-6-25**DATE REC'D **8-29-31**FATHER **Edward Mohler**LIVING **YES**ADDRESS **Marion, O. (Jail)**MOTHER **Belle Phillips Mohler**LIVING **YES**ADDRESS **Union Co. Home**REC'D FROM **Marion**

TWP. OR CITY

Marion

CO.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			
				By Fath.	By Moth.	By Guard.	TERMS
Committed by Juv. Court	8-29-31	Temp.					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

**Father in jail at Marion, O. charge-concealed weapons,
 Mother in Union Co. Home**

Name Ethel Monroe Date rec'd 1-3-34

Birth date 9-29-29 Birthplace Bucyrus, O.

Legal residence: State O. County Doubt City

Father Norman L. Monroe Address Bloomville, O.

Mother Deceased: Address.....

Father

Step Mother Address

Occurrence: New * Old Recurrent.....

Legal Status: Permanent..... Temporary * Court committed *

Surrendered by—Father..... Mother..... No surrender.....

Otherwise (specify)

Received for aid or service: with change of domicile *

without change of domicile

Support by: County * City.....

Parents: In full..... Partial.....

Otherwise (specify) Mrs. Chauncy W. Kinney

Half-sister of Norman

M. F.
W. C.

Protestant
Catholic
Jewish
Legitimate
Illegitimate
Foundling
Nationality

Fa.
Mo.

Dependent
Neglected
Delinquent
Crippled
Defective
mentally
Mother's aid

Father dead
Mother dead
Full orphan
Fa. deserted
Mo. deserted
Divorced
Separated
Fa. in Insti.
Mo. in Insti.

No support
Broken home
Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Relatives	Own home	Board home	Free home	Wage home	Institution	Financ. care	Super-vision	Dis-charged
12/4/34	Hugh Robinson	338 W. William St.				X					
Re. 4/26/35	Franks	Delaware, O.									
6/30/41	Gwynn Sanders	Maysville, O.				X				X	
4-3-	Clubod Sawyer						X			X	
47	Started in at White Cross Nurses Training School.										
Oct. 1950	- Graduated from Nurses T. School. Discharged										
	Has position in Cal.										

✓	At Acceptance child living with	Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.
	Both parents Father Mother Father and step mo. Mother and step fa. Relatives Institution Other (specify)	

Name Helen Monroe Date rec'd 1-3-34

Birth date 6⁹-27 Birthplace Chillicothe

Legal residence: State O. County Doubt City

Father Norman L. Monroe Address Bloomville, O.

Mother Deceased: Address

Father

Step Mother

Address

Occurrence: New Yes N Old

Recurrent

Legal Status: Permanent

Temporary Yes Court committed Yes

Surrendered by-Father

Mother

No surrender

Otherwise (specify)

Received for aid or service: with change of domicile *

without change of domicile

Support by: County Yes City

Parents: In full

Partial

Otherwise (specify) Mrs. Chauncy W. Kinney Half-Sister

of Norman

v

M. F.

W. C.

* Protestant

Catholic

Jewish

Legitimate

Illegitimate

Foundling

Nationality

A Fa.

Mo.

* Dependent

Neglected

Delinquent

Crippled

Defective

mentally

Mother's aid

* Father dead

Mother dead

Full orphan

Fa. deserted

Mo. deserted

Divorced

Separated

Fa. in Insti.

Mo. in Insti.

* No support

Broken home

Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Relatives	Own home	Board home	Free home	Wage home	Institution	Financ. care	Super- vision	Dis- charged
6/19/37	Charles Kennaw	Hilliards, O. R. 1				X					
8/27/37	Re. "	"									
3/10/37	Ellen M. Elliott	S. Ave. A. Mansfield				X					
6/1/37	Re - to Home	"								X	X
5/9/4	Mrs Robert MacLean	Mansfield -								X	X
	Legal age										X

✓	At Acceptance child living with	Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.
	Both parents 07/45 Father Mother Father and step mo. Mother and step fa. Relatives Institution Other (specify)	Helen graduated from M. H. S. with honors and went to Col. where she has a position in the State office Bldg. Lives with her sister on 10 th Ave.

Name **Frederick Morgan** Date rec'd **9/19/36**

Birth date **9/26/27** Birthplace **Marysville, O.**

Legal residence: State **Ohio** County **Union** City **Marysville**

Father **Irwin Morgan** Address **Jail-Delaware**

Mother **Josephine Loucks** Address **Marysville, O.**

Father **Morgan**

Step Mother Address

Occurrence: New Old Recurrent

Legal Status: Permanent Temporary Court committed

Surrendered by—Father Mother No surrender

Otherwise (specify) **Trustee Paris Twp.**

Received for aid or service: with change of domicile

without change of domicile

Support by: County City

Parents: In full Partial

Otherwise (specify)

✓

*M. F.
*W. C.
*Protestant
Catholic
Jewish
*Legitimate
Illegitimate
Foundling
Nationality

A Fa.
A Mo.

*Dependent
Neglected
Delinquent
Crippled
Defective
mentally
Mother's aid

Father dead
Mother dead
Full orphan
Fa. deserted
Mo. deserted
Divorced
Separated
*Fa. in Insti.
Mo. in Insti.

No support
Broken home
Unfit home

Name George Morgan Date rec'd 9/19/36
 Birth date 2/5/33 Birthplace Marysville,
 Legal residence: State Ohio County Union City Marysville
 Father Irwin Morgan Address Jail-Delaware
 Mother Josephine Loucks Address Marysville
 Father Morgan
 Step Mother Address _____
 Occurrence: New * Old _____ Recurrent _____
 Legal Status: Permanent _____ Temporary * Court committed _____
 Surrendered by—Father _____ Mother _____ No surrender _____
 Otherwise (specify) Trustee Paris Twp.
 Received for aid or service: with change of domicile _____
 without change of domicile _____
 Support by: County * City _____
 Parents: In full _____ Partial _____
 Otherwise (specify) _____

✓
 * M. F.
 * W. C.
 * Protestant
 Catholic
 Jewish
 * Legitimate
 Illegitimate
 Foundling
 Nationality
 A Fa.
 A Mo.

* Dependent
 Neglected
 Delinquent
 Crippled
 Defective
 mentally
 Mother's aid

Father dead
 Mother dead
 Full orphan
 Fa. deserted
 Mo. deserted
 Divorced
 Separated
 * Fa. in Insti.
 Mo. in Insti.

No support
 Broken home
 Unfit home

Name **Richard Morgan** Date rec'd **9/19/36**
 Birth date **8/23/30** Birthplace **Marysville, O.**
 Legal residence: State **Ohio** County **Union** City **Marysville**
 Father **Irwin Morgan** Address **Jail-Delaware**
 Mother **Josephine Loucks** Address **Marysville**
 Father **Morgan**
 Step Mother Address
 Occurrence: New ***** Old Recurrent
 Legal Status: Permanent Temporary ***** Court committed
 Surrendered by—Father Mother No surrender
 Otherwise (specify) **Trustee Paris Twp.**
 Received for aid or service: with change of domicile
 without change of domicile
 Support by: County ***** City
 Parents: In full Partial
 Otherwise (specify)

- ✓
 * M. F.
 * W. C.
 * Protestant
 Catholic
 Jewish
 * Legitimate
 Illegitimate
 Foundling
 Nationality
 A Fa.
 A Mo.
 * Dependent
 Neglected
 Delinquent
 Crippled
 Defective
 mentally
 Mother's aid
 Father dead
 Mother dead
 Full orphan
 Fa. deserted
 Mo. deserted
 Divorced
 Separated
 * Fa. in Insti.
 Mo. in Insti.
 No support
 Broken home
 * Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Rela- tives	Own home	Board home	Free home	Wage home	Insti- tution	Financ. care	Super- vision	Dis- charged
July 23- 1939-	Parents	Mansfield O Order of Juvenile Court		<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>

- At Acceptance child living with
- Both parents
- Father
- Mother
- Father and step mo.
- Mother and step fa.
- Relatives
- Institution
- Other (specify)
-
-

Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.

Name **Virginia Morgan** Date rec'd **9/19/36**

Birth date **9/26/29** Birthplace **Marysville, O.**

Legal residence: State **Ohio** County **Union** City **Marysville**

Father **Irwin Morgan** Address **Jail-Delaware**

Mother **Josephine Loucks** Address **Marysville, O.**

Father **Morgan**

Step Mother Address

Occurrence: New ***** Old Recurrent

Legal Status: Permanent Temporary ***** Court committed

Surrendered by-Father Mother No surrender

Otherwise (specify) **Trustee Paris Twp.**

Received for aid or service: with change of domicile

without change of domicile

Support by: County ***** City

Parents: In full Partial

Otherwise (specify)

M. *F.
 *W. C.
 *Protestant
 Catholic
 Jewish
 *Legitimate
 Illegitimate
 Foundling
 Nationality
 A Fa.
 A Mo.

*Dependent
 Neglected
 Delinquent
 Crippled
 Defective
 mentally
 Mother's aid

Father dead
 Mother dead
 Full orphan
 Fa. deserted
 Mo. deserted
 Divorced
 Separated
 *Fa. in Insti.
 Mo. in Insti.

No support
 Broken home
 Unfit home

INSTITUTION AND AGENCY CARD

1. Name of child..... Mummy, Grace 2. Date accepted..... 2-48 3. Case No.....
4. Status of case: Reopened; Case last closed Reopened; Case last closed -
New prior to this year..... within this year..... 5. Religion: Prot. R. C. G. C. Jew Other..... None
6. Race: W N O..... 7. Sex: M F 8. Date of birth..... 9-19-31 9. Place of birth..... Union, Co.
10. Received from: Juvenile Court County..... Union - Ohio State or country.....
11. How received: Temporary commitment..... Permanent commitment..... Temporary surrender..... Permanent surrender..... Voluntary agreement.....
12. Name of father..... Mummy, James 13. Address..... Unionville, O.
14. Name of mother..... 15. Address.....
16. Name of other guardian..... 17. Address.....
18. Whereabouts of child when accepted..... Union Co. Detention Home 19. Status of child's parents when accepted.....
20. Whereabouts of child's parents when accepted: { Father..... Unionville, O.
Mother..... Deceased
21. Assistance received by household: { At time of acceptance.....
Within last two years.....
22. Notes:

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
1/20	James Mummy	Unionville Centre O	X								X

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

INSTITUTION AND AGENCY CARD

1. Name of child Mummy - Paul 2. Date accepted 1-14-48 3. Case No. 1310
4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year within this year 5. Religion: Prot. R. C. G. C. Jew Other None
6. Race: W N O 7. Sex: M F 8. Date of birth Oct-19-33 Verified: Y N 9. Place of birth Union Co.
10. Received from: Juvenile Court County Union - Ohio State or country Ohio
11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement
12. Name of father James Mummy 13. Address Unionville, Ohio
14. Name of mother Deceased 15. Address Deceased
16. Name of other guardian _____ 17. Address _____
18. Whereabouts of child when accepted from Detention Home 19. Status of child's parents when accepted mother deceased
20. Whereabouts of child's parents when accepted: { Father Unionville, Ohio
Mother Deceased
21. Assistance received by household: { At time of acceptance _____
Within last two years _____
22. Notes: _____

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
10/22	with father	Unionville, Ohio	X							X	

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

INSTITUTION AND AGENCY CARD

1. Name of child Mummy Pauline 2. Date accepted 12-8-49 3. Case No. 1368-
4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year within this year
5. Religion: Prot. R. C. G. C. Jew. Other None
6. Race: W N O 7. Sex: M F 8. Date of birth 11-3-33 Verified: Y N 9. Place of Birth Union Co. State or Country Union Co.
10. Received from Juvenile Court County Union
Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement
11. How Received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement
12. Name of father Robert G. Mummy 13. Address 306 E 4th St. Mansfield, O
14. Name of mother Ethel Henderson - Mummy 15. Address " " " "
16. Name of other guardian _____ 17. Address _____
18. Whereabouts of child when accepted at detention home 19. Status of child's parents when accepted married
20. Whereabouts of child's parents when accepted: } Father own home
} Mother - -
21. Assistance received by household: } At time of acceptance _____
} Within last two years _____
22. Notes: Pauline was not going to school would not go home nights
Her parents took her to Judge Bailey trying to find a solution for their problem.
Judge sent her back here temp. Sen. Court - Medical exam.

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
Sept. 1-58	James Mummy	Mansville, @ East 4 th St.	X						X	X	

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

INSTITUTION AND AGENCY CARD

1. Name of child Mummy - Sharon Kay 2. Date accepted Jan - 48 3. Case No.

4. Status of case: Reopened: Case last closed Reopened: Case last closed New prior to this year within this year

5. Religion: Prot. R. C. G. C. Jew. Other None

6. Race: W N O 7. Sex: M F 8. Date of birth 9. Place of Birth
Verified: Y N

10. Received from Mother County Union State or Country
Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement

11. How Received:

12. Name of father Unknown 13. Address Unknown

14. Name of mother Viola Mummy 15. Address Unionville Center, Ohio

16. Name of other guardian 17. Address

18. Whereabouts of child when accepted with mother 19. Status of child's parents when accepted unmarried

20. Whereabouts of child's parents when accepted: { Father ?
Mother In father's home

21. Assistance received by household: { At time of acceptance
Within last two years

22. Notes: Mother left father's home - came to Mansville - asked to place child in Home. Mother stayed in Ch. Home until a year later then went to Cin. with married man. Child was placed in B.H. at time of acceptance.

NAME ^{James Casper} *Casper Neal* NO. *409*
 DATE BORN *Sept. 2, 1911* DATE REC'D *June 2, 1921*
 FATHER *Lloyd Neal* ~~LIVING-DEAD~~
 ADDRESS
 MOTHER *Della Neal* LIVING-DEAD
 ADDRESS *Parisburg, Ohio.*
 REC'D FROM *Richwood* TWP. OR CITY **UNION** CO. *9*
 MALE
~~FEMALE~~
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>June 6/24</i>						
Admitted by Trustees or Managers	<i>cont.</i>						
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Father dead - Mother working away from home - neglected her child

	DATE	WITH WHOM	ADDRESS
PLACED	6-20-22	Mrs E.L. Ferrel	East of (relative to ch)
RETURNED		1926 - Moved to R. #2 Marengo Ohio.	
REPLACED			
RETURNED		Discharged 9-2-32	
REPLACED		<u>Legal Age;</u>	
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
7/19/22	Inspection Supt M.	Fine Home.			
9/9/24	Matron	good			
7/27-27	Supt + Matron	" "			
11/12/28	Supt. + Matron	" "			

NAME

John Neal

NO.

409

DATE BORN

Age 6 yrs

DATE REC'D.

June 2, 1921

FATHER

Floyd Neal

LIVING-DEAD

ADDRESS

MOTHER

Della Neal

LIVING-DEAD

ADDRESS

Parisburg, Ohio

REC'D FROM

Richard, TWP. OR CITY

UNION

CO. A

MALE

~~FEMALE~~PROT.

R. C.

JEW

~~COLORED~~

WHITE

ILLEG.

Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct. <i>ms.</i>							
Admitted by Trustees or Managers <i>scot</i>							
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Father deceased, Mother working away from home - Neglected her child.

	DATE	WITH WHOM	ADDRESS
PLACED	1/3/24	Mother	498 W. First Ave Columbus O
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
12/29/24	Matron	average home			

NAME *Leroy Neal* NO. *409*
 DATE BORN *Sept. 23, 1909* DATE REC'D *June 2, 1921,*
 FATHER *Floyd Neal* ~~LIVING-DEAD~~
 ADDRESS
 MOTHER *Della Neal* LIVING-DEAD
 ADDRESS *Parisburg, O.*
 REC'D FROM *Richwood* TWP. OR CITY **UNION** CO. *A*
 MALE
~~FEMALE~~
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

True CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>Mrs. Scott 6/2</i>						
Admitted by Trustees or Managers							
Surrendered by <input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Father Dead, Mother working away from home - neglected her child

	DATE	WITH WHOM	ADDRESS
PLACED	7/5-	Mr. & Mrs. Leroy Wolford	Marysville, O.P.
RETURNED	8/26-22.	By order of Trustees,	
REPLACED	8-27-23.	Hiram Coder Dead	Marysville & Lu. O.
RETURNED		with Alvi Coder.	RS Marysville, O.
REPLACED			
RETURNED		<u>Discharged</u>	
REPLACED			
RETURNED		<u>Legal Age</u>	

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
8/12-21	Supt. & Matron	Good Home.			
7/19-22	Trustees	Supt & Matron.			not so good.
5-26-24	Supt & Matron	Fair			
7-31-24		Fair,			
7/29-27	Supt & Matron	Good Home			

NAME *Lucile Neal* NO. *445*
 DATE BORN *May 15th 1920* DATE REC'D. *3-28-22*
 FATHER *Frank Neal* LIVING-DEAD
 ADDRESS *deceased*
 MOTHER *Della Neal* LIVING-DEAD
 ADDRESS *Marysville, Ohio, Ohio*
 REC'D FROM *Reformatory* TWP. OR CITY

UNION CO. *A* Nationality
 MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers	<i>3/28/22</i>						
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Father deceased, mother an inmate of the Ohio reformatory for women, at Marysville, Ohio.

	DATE	WITH WHOM	ADDRESS
PLACED	7/1/23		
RETURNED			498. W. First ave
REPLACED	4/3/24	Mother	Cof. Ohio
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
12/20/24	Matron	T. air.			

NAME *Luella Neal* NO. *409*
 DATE BORN *Age 3 yrs.* DATE REC'D *June 2, 1921.*
 FATHER *Floyd Neal* ~~LIVING-DEAD~~
 ADDRESS _____
 MOTHER *Lella Neal* ~~LIVING-DEAD~~
 ADDRESS *Phairsburg, Ohio.*
 REC'D FROM *Richwood* TWP. OR CITY **UNION** CO *A*

MALE ~~_____~~
 FEMALE _____
 PROT.
 R. C. _____
 JEW _____
 COLORED ~~_____~~
 WHITE _____
 ILLEG. _____
 Nationality _____

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct. <i>Mrs. Scott</i>	<i>6/24</i>						
Admitted by Trustees or Managers							
Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Father dead, Mother working away from home - neglected her child.

DATE

WITH WHOM

498. W. ADDRESS

PLACED

1-24 With mother

Col. Ohio

RETURNED

REPLACED

RETURNED

REPLACED

RETURNED

REPLACED

RETURNED

RECORD OF VISITS

DATE BY WHOM

REMARKS

DATE BY WHOM

REMARKS

12/26/24 Matron

Tair

Name Roger Nutt Date rec'd. 3-17-'51

Birth date 10-17-35 Birthplace Franklin County, Ohio

Legal residence: State Ohio County Union City Plain City

Father Dallas Dale Nutt Address Plain City, Ohio

Mother Mamie Ida Tatman Nutt Address

Father
Step Mother Address

Occurrence: New Old Recurrent

Legal Status: Permanent Temporary Court committed

Surrendered by: Father Mother No surrender

Otherwise (specify) Court commitment

Received for aid or service: with change of domicile

without change of domicile

Support by: County Union City

Parents: In full Partial

Otherwise (specify) Parents unable to contribute at present time

M. F.
W. C.
Protestant
Catholic
Jewish
Legitimate
Illegitimate
Foundling
Nationality
Fa.
Mo.

Dependent
Neglected
Delinquent
Crippled
Defective
mentally
Mother's Aid

Father dead
Mother dead
Full orphan
Fa. deserted
Mo. deserted
Divorced
Separated
Fa. in Insti.
Mo. in Insti.

No support
Broken home
Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Dis- charged	Super- vision	Financ. care	Insti- tution	Wage home	Free home	Board home	Own home	Rela- tives
June 1952	Returned to own home by order of the juvenile Court.		X							X	

√	At Acceptance child living with	Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.
	Both parents Father Mother Father and step mo. Mother and step fa. Relatives Institution Other (specify)	

INSTITUTION AND AGENCY CARD

1. Name of child O. Bryan Cletabelle 2. Date accepted 6-17-37 3. Case No. _____

4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year within this year 5. Religion: Prot. R. C. G. C. Jew Other _____ None

6. Race: W N O 7. Sex: M F 8. Date of birth 2-27-33 Verified: Y N 9. Place of birth _____

10. Received from: Jerome Tups - Union County Ohio State or country _____
Temporary commitment Permanent commitment _____ Temporary surrender _____ Permanent surrender _____ Voluntary agreement _____

11. How received: Temporary commitment Permanent commitment _____ Temporary surrender _____ Permanent surrender _____ Voluntary agreement _____

12. Name of father O. Bryan Wm Elbert 13. Address Unknown

14. Name of mother " - Vergie Yates 15. Address - "

16. Name of other guardian _____ 17. Address _____

18. Whereabouts of child when accepted 9 ms. caring for them part time 19. Status of child's parents when accepted unknown

20. Whereabouts of child's parents when accepted: { Father Unknown
Mother "

21. Assistance received by household: { At time of acceptance Unknown
Within last two years _____

22. Notes: Children were deserted by parents.

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
7/5-38 -47	See Court Records										X

2. Reason for closing..... *adapted*

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

Name **JAMES J. O'BRYAN** Date rec'd **6/17/37**

Birth date **6/25/31** Birthplace

Legal residence: State **Ohio** County **Union** City **Twp. Jerome**

Father **Wm. Elbert O'Bryan** Address **Unknown**

Mother **Vergia (Yates)** " " Address

Father

Step Mother

Address

Occurrence: New ***** Old

Recurrent

Legal Status: Permanent

Temporary ***** Court committed *****

Surrendered by-Father

Mother

No surrender

Otherwise (specify) **Deserted**

Received for aid or service: with change of domicile

without change of domicile

Support by: County ***** City

Parents: In full

Partial

Otherwise (specify)

√
* M. F.
* W. C.
* Protestant
Catholic
Jewish
* Legitimate
Illegitimate
Foundling
Nationality
A Fa.
A Mo.

* Dependent
Neglected
Delinquent
Crippled
Defective
mentally
Mother's aid

Father dead
Mother dead
Full orphan
* Fa. deserted
* Mo. deserted
Divorced
Separated
Fa. in Insti.
Mo. in Insti.

* No support
Broken home
Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Rela- tives	Own home	Board home	Free home	Wage home	Insti- tution	Financ. care	Super- vision	Dis- charged
6/24-43	Parents -	Columbus - O		<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>
	By order of The Juvenile Court. Judge Haily										

Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.

√

At Acceptance
child living with

- Both parents
- Father
- Mother
- Father and step mo.
- Mother and step fa.
- Relatives
- Institution
- Other (specify)

INSTITUTION AND AGENCY CARD

1. Name of child O' Bryan - Ethelle 2. Date accepted 6-17-37 3. Case No.

4. Status of case: Reopened: Case last closed prior to this year Reopened: Case last closed within this year 5. Religion: Prot. R. C. G. C. Jew Other None

6. Race: W N O 7. Sex: M F 8. Date of birth 2-27-33 Verified: Y N 9. Place of birth -

10. Received from: Jerome Township County Union - Ohio State or country

11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement

12. Name of father O' Bryan - Wm Elliot 13. Address Unknown

14. Name of mother O' Bryan - Vergie Yates 15. Address Unknown

16. Name of other guardian 17. Address

18. Whereabouts of child when accepted Grandmother caring for her 19. Status of child's parents when accepted Unknown

20. Whereabouts of child's parents when accepted: { Father Unknown Mother

21. Assistance received by household: { At time of acceptance " Within last two years "

22. Notes: Children were deserted by parents

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super-vision	l. Closed
7/5-38 1947	See Court Record.					X					X

2. Reason for closing..... *adapted*

3. Changes in guardianship (Give date and type)

.....

.....

.....

4. Changes in source of support (Give date and source)

.....

.....

.....

INSTITUTION AND AGENCY CARD

1. Name of child Overfield - Edith 2. Date accepted 2-18-49 3. Case No. 1337

4. Status of case: Reopened: Case last closed Reopened: Case last closed New prior to this year within this year

5. Religion: Prot. R. C. G. C. Jew. Other None

6. Race: W N O 7. Sex: M F 8. Date of birth 6-21-92 9. Place of Birth Campaign Co State or Country Ohio

10. Received from Juvenile Court County Union Co Temporary Permanent Temporary Permanent Voluntary agreement

11. How Received: Temporary Permanent Temporary Permanent Voluntary agreement

12. Name of father Stepfather - Overfield - Harry 13. Address Maysville, OH #4

14. Name of mother Phyllis - Ullrich 15. Address

16. Name of other guardian 17. Address

18. Whereabouts of child when accepted 19. Status of child's parents when accepted married

20. Whereabouts of child's parents when accepted: } Father
} Mother

21. Assistance received by household: } At time of acceptance
} Within last two years

22. Notes: Children were sent to Ch Home because of the lack of care given them by parents. They were ordered also to clean up filth around the land

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
-1949	Parents Harry & Lucille	Mechanicburg Overfield	X							X	

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

INSTITUTION AND AGENCY CARD

1. Name of child Overfield Jerry 2. Date accepted 2-18-49 3. Case No. 1337
4. Status of case: Reopened: Case last closed Reopened: Case last closed New prior to this year within this year 5. Religion: Prot. R. C. G. C. Jew. Other None
6. Race: W N O 7. Sex: M F 8. Date of birth 6-5-35 Verified: Y N 9. Place of Birth Champaigne State or Country
10. Received from Juvenile Court County Union Co, Ohio Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement
11. How Received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement
12. Name of father See Edith's card 13. Address
14. Name of mother 15. Address
16. Name of other guardian 17. Address
18. Whereabouts of child when accepted 19. Status of child's parents when accepted
20. Whereabouts of child's parents when accepted: { Father
Mother
21. Assistance received by household: { At time of acceptance.....
Within last two years.....
22. Notes:

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
-1949	Parents Harry & Lucille Overfield	Mechanicsburg, Pa	X							X	

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

INSTITUTION AND AGENCY CARD

1. Name of child Overfield - Harry 2. Date accepted 2-18-49 3. Case No. 1337
4. Status of case: Reopened: Case last closed prior to this year Reopened: Case last closed within this year 5. Religion: Prot. R. C. G. C. Jew. Other None
6. Race: W N O 7. Sex: M F 8. Date of birth 10-24-39 9. Place of Birth Champaign Co. State or Country Ohio
10. Received from Juvenile Court County Union Co. State or Country Ohio
Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement
11. How Received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement
12. Name of father See Edith's Card 13. Address
14. Name of mother
15. Address
16. Name of other guardian
17. Address
18. Whereabouts of child when accepted
19. Status of child's parents when accepted
20. Whereabouts of child's parents when accepted: { Father
- { Mother
21. Assistance received by household: { At time of acceptance
- { Within last two years
22. Notes:

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
1949	Parents Harry & Lucille Overfield	Mechanicusburg, PA								X	

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
1949	Parents Harry & Lucille	Mechanicburg Overfield	X							X	

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

INSTITUTION AND AGENCY CARD

1. Name of child Overfield - Walter 2. Date accepted Aug 20-53 3. Case No. 1480

4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year within this year

5. Religion: Prot. R. G. G. C. Jew. Other None

6. Race: W N O 7. Sex: M F 8. Date of birth 7-19-52 9. Place of birth Clampart Co.
verified: Y N of birth Clampart Co.
State or Country

10. Received from Juvenile Court County Union
Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement

11. How Received:

12. Name of father Harry - Overfield 13. Address West Mansfield B.#1

14. Name of mother Lucille / Pinyard 15. Address " " " " "

16. Name of other guardian _____ 17. Address _____

18. Whereabouts of child when accepted Juvenile Detention Home 19. Status of child's parents when accepted married

20. Whereabouts of child's parents when accepted: } Father Over Lane
} Mother " "

21. Assistance received by household: } At time of acceptance _____
} Within last two years 1950 - 1951 - 1953

22. Notes: Father sent to work house
Mother " " Refractory

NAME *Edna Lucile Palmer* NO. *1*
 DATE BORN *3-30'04* DATE REC'D *1-2-1920*
 FATHER *Oltis Palmer* LIVING-DEAD
 ADDRESS *Tosloria, O.*
 MOTHER *Mimma Trop Hitt* LIVING-DEAD
 ADDRESS *Radnor, O. R. R. #1*
 REC'D FROM *Richwood* TWP. OR CITY **UNION** CO. *a* Nationality

MALE
 < FEMALE
 < PROT.
 R. C.
 JEW
 COLORED
 < WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct. <	<i>1-2'20</i>		<i>X</i>				
Admitted by Trustees or Managers							
Surrendered by ^{Father} Mother							

CAUSE OF DEPENDENCY

Parents separated.
of age.

	DATE	WITH WHOM	ADDRESS
PLACED	11-4-'20	With Mr. + Mrs. Merritt Lutz	Marysville, O.
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
8/30-21	Trustees	Supt. Good.			
9/15		Supt good home.			

NAME *Parthemore, Everett* NO. _____
 DATE BORN *3-5-03* DATE REC'D *3-8-04*
 FATHER *Dock Parthemore* LIVING-DEAD
 ADDRESS _____
 MOTHER *Amanda Lemon* LIVING-DEAD
 ADDRESS *Plain City*
 REC'D FROM *Plain City* TWP. OR CITY **UNION** CO. _____
 MALE
 FEMALE _____
 PROT.
 R. C. _____
 JEW _____
 COLORED _____
 WHITE
 ILLEG. _____
 Nationality *a*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers	<i>3-8-04</i>		<i>r</i>				
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

	DATE	WITH WHOM	ADDRESS
PLACED	6-16-04	A. J. Ackley	Plain City, O -
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
3-20-17	W. L. Blaney				
6-19-17	W. L. Blaney				
8-8-18	W. L. Blaney	Good Home			
11-1-19	W. L. Blaney	Good			
6-29-20	W. L. Blaney	Good			
8/30-21	W. L. Blaney	Good			

NAME **Ethel Patch** No. **805**
 DATE BORN **2-22-18** DATE REC'D **8-20-31**
 FATHER **Simon O. Patch** LIVING ~~DEAD~~
 ADDRESS **Marysville, O.**
 MOTHER **Bertha Michaelis Patch** LIVING ~~DEAD~~
 ADDRESS **Marysville,**
 REC'D FROM **Marysville** TWP. OR CITY **Union** CO. **A.**

MALE
 *FEMALE
 *PROT.
 R. C.
 JEW
 COLORED
 *WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	8-20-31	Temp.		Yes			\$12.50 total
Admitted by Trustees or Managers	Commitment changed to						for the 4
Father Surrendered by Mother	Permanent		Aug. 20th. 1932				Children.
							per week

CAUSE OF DEPENDENCY

Father & Mother divorced Aug. 5th. '31-Mother has not sufficient means to provide a suitable home for said children.

NAME **Hazel E. Patch** No. **805**
 DATE BORN **1-10-24** DATE REC'D **8-20-31**
 FATHER **Simon O. Patch** LIVING *****D**
 ADDRESS **Marysville**
 MOTHER **Bertha Michaelis Patch** LIVING **BE****
 ADDRESS **Marysville**
 REC'D FROM **Marysville** TWP. OR CITY **Union** CO.

* MALE
 * FEMALE
 * PROT.
 R. C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 A Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	8-20-31	Temp.		Yes			\$.12.50 total
Admitted by Trustees or Managers	Commitment changed to						for the 4
Father Surrendered by Mother	Permanent		Aug. 20-1932				children.
CAUSE OF DEPENDENCY							per week.

NAME **Mary Francis Patch** No. **805**
 DATE BORN **6-19-26** DATE REC'D **8-20-31**
 FATHER **Simon O. Patch** LIVING **尚生存**
 ADDRESS **Marysville**
 MOTHER **Bertha Michaelis Patch** LIVING **尚生存**
 ADDRESS **Marysville**
 REC'D FROM **Marysville** TWP. OR CITY **Union** CO. **A.**

MALE
 * FEMALE
 * PROT.
 R. C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 A. Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	8-20-31	Temp.		Yes		\$12.50	total-
Admitted by Trustees or Managers	Commitment changed to						for 4 child-
Father Surrendered by Mother	Permanent	Aug. 20th. 1932:					ren, per week.

CAUSE OF DEPENDENCY

Father & Mother divorced Aug. 5th. '31-Mother has not sufficient means to provide a suitable home for said children.

	DATE	WITH WHOM	ADDRESS
PLACED	11-4-31	W ^M Vollrath ^{By order} J.C.	Milford Center, O.
RETURNED	6-47	legal age-	
REPLACED			
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
2/15-32	mother	Fine Home ^{His} Relative of mother			Satisfactory.
3/14-34	"	" " ¹			" Grade A student
4/15/37	"	" "			" " " "
12/37	girl + fos	mother visited at Home everything			satisfactory - A. 1 - Home
38-	"	" " " "			-
39	"	" " " "			-
40	"	" " " "			-

NAME **Orvie Patch**No. **805**DATE BORN **7-31-29**DATE REC'D **8-20-31**FATHER **Simon O. Patch**LIVING ~~DEAD~~ADDRESS **Marysville**MOTHER **Bertha Michaelis Patch**LIVING ~~DEAD~~ADDRESS **Marysville**REC'D FROM **Marysville**

TWP. OR CITY

Union

CO.

* MALE
 * FEMALE
 * PROT.
 R. C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 A. Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	8-20-31	Temp.		Yes			\$12.50 total
Admitted by Trustees or Managers	Commitment changed to						for 4 child-
Father Surrendered by Mother	Permanent	Aug. 20th. 1932:					ren, per week.

CAUSE OF DEPENDENCY

Father & Mother divorced Aug. 5th. '31-Mother has not sufficient means to provide a suitable home for said children.

INSTITUTION AND AGENCY CARD

1. Name of child Mary Perkins 2. Date accepted..... 3. Case No.....

4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year within this year 5. Religion: Prot. R. C. G. C. Jew. Other None

6. Race: W N O 7. Sex: M F 8. Date of birth..... 9. Place of Birth.....
Verified: Y N

10. Received from G.I.S. rec'd from Franklin Co. Delaware Ohio State or Country

11. How Received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement

12. Name of father..... 13. Address.....

14. Name of mother..... 15. Address.....

16. Name of other guardian..... 17. Address.....

18. Whereabouts of child when accepted..... 19. Status of child's parents when accepted.....

20. Whereabouts of child's parents when accepted: } Father.....
} Mother.....

21. Assistance received by household: } At time of acceptance.....
} Within last two years.....

22. Notes: Mary has been in G.I.S. since eleven years old. She was to be released but supervisor did not care to place her in Franklin Co. Requested that we try her in our Home. It was felt Mary needs a chance. She had been placed twice previously but had been returned to Incarcerated. J. & A. Law. G.I.S.

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
	<i>Returned to girl</i>										X

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

NAME	Charles Penrose	No.	716	*MALE
DATE BORN	Aug. 5-1923	DATE REC'D	June 27th. 1928	FEMALE
FATHER	Chub Penrose			PROT.
ADDRESS	Marysville, O. R. D. 2 C/O Geo. Rausch			R. C.
MOTHER	Callie Steel Penrose			JEW
ADDRESS	Unknown			*COLORED
REC'D FROM	Near Watkins	TWP. OR CITY	Union	*WHITE
				ILLEG.
				Nationality

Mill Creek Twp.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	Yes-6-27-28	Per.		Yes			\$2.00 per mo
Admitted by Trustees or Managers							1st. & 16th.
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Mother has deserted children & Father is unable to care for them and make a living

NAME	Cleota Penrose	No.		MALE
DATE BORN	Mar. -1922	DATE REC'D	6-27-28	*FEMALE
FATHER	Chub Penrose			PROT.
ADDRESS	Marysville, O.R.D.2 c.o. Geb. Rausch			R. C.
MOTHER	Callie Steel Penrose			JEW
ADDRESS	Unknown			COLORED
REC'D FROM	Millcreek	TWP. OR CITY	Union	*WHITE
	Near Watkins			ILLEG.
				Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	Yes 6-27-28	Per.		Yes			\$2.00 per mo
Admitted by Trustees or Managers							1st. & 16 th.
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Mother s has deserted children & Father is unable to care for them and make a living.

NAME	Martha B. Penrose		No.	716	MALE
DATE BORN	1926	DATE REC'D	June 27th. 1928		*FEMALE
FATHER	Chub Penrose				PROT.
ADDRESS	Marysville, O.R.D. 2 C/O Geo. Rausch				R. C.
MOTHER	Callie Steel Penrose				JEW
ADDRESS	Unknown				COLORED
REC'D FROM	Near Watkins	TWP. OR CITY	Union		*WHITE
	Millereek Twp.				ILLEG.
					Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Name Age	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	Yes	6-27-28	Per.	Yes			\$2.00 per
Admitted by Trustees or Managers							Mo. 1st. & 16th.
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Mother has deserted children and Father is unable to care for them and make a living.

	DATE	WITH WHOM	ADDRESS
PLACED	7-16-28	Harvey Cantwel	Celina, O.E. Market
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
1-24-29		Matron & Supt. Good Home			
12/10/29	"	" " "			
16/10/30	"	" " "			
5-4-31	"	" " Everything very satisfactory			Adoption papers filed Celina Court Closed.

NAME	Martin Penrose	No.	716	<input checked="" type="checkbox"/> MALE
DATE BORN	June 1917	DATE REC'D	June 27th. 1928	FEMALE
FATHER	Chub Penrose			PROT.
ADDRESS	Marysville, O.R.D. 2		C/O Geo. Rausch	R. C.
MOTHER	Callie Steel Penrose			JEW
ADDRESS	Unknown			COLORED
REC'D FROM	Near Watkins	TWP. OR CITY	Union	<input checked="" type="checkbox"/> WHITE
	Millcreek Twp.			ILLEG.
				Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	Yes 6-27-28	Per.		Yes			\$2.00 per mo 1st. & 16th.
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Mother has deserted children & Father is unable to care for them and make a living.

NAME	Pearl Penrose	No.	716	*MALE
DATE BORN	July 4- 1918	DATE REC'D	June 27th. 1928	FEMALE
FATHER	Chub Penrose			*PROT.
ADDRESS	Marysville, O. R. D. 2 C/O Geo. Rausch			R. C.
MOTHER	Callie Steel Penrose			JEW
ADDRESS	Unknown			COLORED
REC'D FROM	Near Watkins	TWP. OR CITY	Union	*WHITE
				ILLEG.
				Nationality

Millcreek Twp.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	Yes-6-27-28	Per.		Yes			\$2.00 per mo 1st. & 16th.
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Mother has deserted children & Father is unable to care for them and make a living.

INSTITUTION AND AGENCY CARD

1. Name of child..... *Janice Lee Phipps* 2. Date accepted..... *1-29-46* 3. Case No. *1235*

4. Status of case: Reopened: Case last closed..... Reopened: Case last closed.....
New..... prior to this year..... within this year..... 5. Religion: Prot. R. C. G. C. Jew Other..... None

6. Race: W N O..... 7. Sex: M F..... 8. Date of birth..... *8-4-40* Verified: Y N..... 9. Place of birth..... *Yunda, Liberty Twp, Ohio*

10. Received from: *Juvenile Court* County..... *Union Co., Ohio* State or country.....

11. How received: Temporary commitment..... Permanent commitment..... Temporary surrender..... Permanent surrender..... Voluntary agreement.....

12. Name of father..... *Sam Phipps* 13. Address..... *Broadway, Ohio*

14. Name of mother..... *Margaret Phipps* 15. Address..... *Henton, Ohio*

16. Name of other guardian..... 17. Address.....

18. Whereabouts of child when accepted..... *with father* 19. Status of child's parents when accepted..... *separated*

20. Whereabouts of child's parents when accepted: { Father..... *living with parents in Broadway.*
Mother..... *working in restaurant in Henton, O.*

21. Assistance received by household: { At time of acceptance.....
Within last two years.....

22. Notes: *mother has remarried. Separated a man's wife with 3 small boys.*

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
4/1-46	Mr & Mrs W. J. Gouel	Findlay, Ohio			X	X					
'46	Mr & Mrs Clair Jarvis	Mansfield, O.			X						

2. Reason for closing

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

INSTITUTION AND AGENCY CARD

1. Name of child Larry P. Shipp 2. Date accepted 1-29-46 3. Case No. 1238

4. Status of case: Reopened: Case last closed Reopened: Case last closed New prior to this year

5. Religion: Prot. R. C. G. C. Jew Other None

6. Race: W N O 7. Sex: M F 8. Date of birth 10-11-38 9. Place of birth West Mansfield, O. State or Territory O.

10. Received from: Juvenile Court Union County Mansfield, O. State or Territory Ohio

11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement

12. Name of father Sam P. Shipp 13. Address Broadway, O.

14. Name of mother Margaret 15. Address Denton

16. Name of other guardian J 17. Address -

18. Whereabouts of child when accepted with father 19. Status of child's parents when accepted separated

20. Whereabouts of child's parents when accepted: { Father living with parents in Broadway O.
Mother worked in a restaurant near Denton

21. Assistance received by household: { At time of acceptance
Within last two years

22. Notes: See Junior Shipp's card

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
9-1-46	Parents Sam Phipps	York Center, O	X						X		

2. Reason for closing... Home satisfactory

3. Changes in guardianship (Give date and type)
9-1-46 - Father -

4. Changes in source of support (Give date and source)
9-1-46 - Father (remained)

INSTITUTION AND AGENCY CARD

1. Name of child Richard Wayne Phipps 2. Date accepted 1-29-46 3. Case No. 1238

4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year..... within this year..... 5. Religion: Prot. R. C. G. C. Jew Other..... None

6. Race: W N O..... 7. Sex: M F 8. Date of birth 6-4-43 9. Place of birth Richwood, O.
State or country

10. Received from: Juvenile Court Union County Marionville, O.
Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement

11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement

12. Name of father Sam P. Phipps 13. Address Broadway, O.

14. Name of mother Marquette Phipps 15. Address Denton, O.

16. Name of other guardian..... 17. Address.....

18. Whereabouts of child when accepted with father 19. Status of child's parents when accepted separated

20. Whereabouts of child's parents when accepted: { Father living with parents
Mother working in a restaurant near Denton, O.

21. Assistance received by household: { At time of acceptance.....
Within last two years.....

22. Notes: Richard was placed in an adoptive home by the juvenile court. Did not come to the Ch. Home.

Name PIERCE-Georgiana Date rec'd 1-20-39

Birth date 9-12-29 Birthplace Marysville, O.

Legal residence: State Ohio County Union City

Father Wilber Pierce Address Jail-Union Co.

Mother Geneva Loy Pierce Address Worthington, O.

Father
Step Mother Address

Occurrence: New * Old Recurrent

Legal Status: Permanent Temporary * Court committed *

Surrendered by Father Mother No surrender

Otherwise (specify) Trustees-Allen Twp.

Received for aid or service: with change of domicile

without change of domicile

Support by: County * City

Parents: In full Partial

Otherwise (specify)

M. * F.
 W. C.
 Protestant
 Catholic
 Jewish
 Legitimate
 Illegitimate
 Foundling
 Nationality
 Fa.
 Mo.

Dependent
 Neglected
 Delinquent
 Crippled
 Defective
 mentally
 Mother's Aid

Father dead
 Mother dead
 Full orphan
 Fa. deserted
 Mo. deserted
 Divorced
 Separated
 Fa. in Insti.
 Mo. in Insti.

No support
 Broken home
 Unfit home

Name **PIERCE-Mary Edna** Date rec'd **1-20-39**

Birth date **11-24-27** Birthplace **Worthington, O.**

Legal residence: State **Ohio** County **Union** City

Father **Wilber Pierce** Address **Jail-Union Co.**

Mother **Geneva Loy Pierce** Address **Worthington, O.**

Father
Step Mother Address

Occurrence: New: * Old Recurrent

Legal Status: Permanent Temporary * Court committed *

Surrendered by - Father Mother No surrender

Otherwise (specify) **Trustees-Allen Twp.**

Received for aid or service: with change of domicile

without change of domicile

Support by: County * City

Parents: In full Partial

Otherwise (specify)

M. * F.
 W. C.
 Protestant
 Catholic
 Jewish
 Legitimate
 Illegitimate
 Foundling
 Nationality
 Fa.
 Mo.

Dependent
 Neglected
 Delinquent
 Crippled
 Defective
 mentally
 Mother's Aid

Father dead
 Mother dead
 Full orphan *
 Fa. deserted
 Mo. deserted
 Divorced
 Separated
 Fa. in Insti.
 Mo. in Insti.

No support
 Broken home
 Unfit home

Name PIERCE-Maxine Date rec'd 1-20-39

Birth date 12-1-30 Birthplace Marysville, O.

Legal residence: State Ohio County Union City

Father Wilber Pierce Address Jail-Union Co.

Mother Geneva Loy Pierce Address Worthington, Ohio

Father

Step Mother

Occurrence: New *

Old

Recurrent

Legal Status: Permanent

Temporary *

Court committed *

Surrendered by: Father

Mother

No surrender

Otherwise (specify) Trustees-Allen Twp.

Received for aid or service: with change of domicile

without change of domicile

Support by: County *

City

Parents: In full

Partial

Otherwise (specify)

M. * F.
W. C.

* Protestant
Catholic
Jewish
* Legitimate
Illegitimate
Foundling
Nationality
Fa.
Mo.

* Dependent
Neglected
Delinquent
Crippled
Defective
mentally
Mother's Aid

Father dead
Mother dead
Full orphan
Fa. deserted
Mo. deserted
Divorced
Separated
* Fa. in Insti.
Mo. in Insti.

* No support
* Broken home
Unfit home

NAME *Chas. Harold Potts* NO. *20* MALE
 DATE BORN *5 15-1912* DATE REC'D *10-8-19* FEMALE
 FATHER *Chas. E. Potts* LIVING-DEAD PROT.
 ADDRESS *Dead* R. C.
 MOTHER *Barbara M. McIntire Potts* LIVING-DEAD JEW
 ADDRESS *Richwood, Ohio* COLORED
 REC'D FROM *Richwood* TWP. OR CITY **UNION** WHITE
 CO. ILLEG. Nationality *a*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<input checked="" type="checkbox"/> <i>10-8-19</i>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<i>\$1.00 per wk.</i>
Admitted by Trustees or Managers	<input checked="" type="checkbox"/>						
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father died.

NAME *Dwight Potts* No. _____ MALE
 DATE BORN *9-25-1910* DATE REC'D. *8-17-1925* FEMALE
 FATHER *asa Potts* LIVING-DEAD _____ PROT.
 ADDRESS *Marysville* R. C.
 MOTHER *Lizzie Potts* LIVING-DEAD _____ JEW
 ADDRESS *Dead* COLORED _____
 REC'D FROM *father* TWP. OR CITY *Summersville* ILLEG. _____
 Nationality _____

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>X 8-17-25</i>	<i>Temp</i>		<i>X</i>			<i>2.50 per wk</i>
Admitted by Trustees or Managers							
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Mother dead.

	DATE	WITH WHOM	ADDRESS
PLACED	9/10/27	D. H. Armstrong	Summersville, O. Peora #1. O.
RETURNED	9/15/28	Boy not satisfactory	
REPLACED	6/29/28	Elmer Wallace	Marysville, O. R. 5
RETURNED	8/4/28	By " and then no work	
REPLACED	2/28/28	Hospital - TO Sisters Mrs. Lola Fowch	Milford Center, O.
RETURNED	6/11/28	TO Home from Sisters	
REPLACED	2/27/29	Frank Galland	Quincy, O. R. 1
RETURNED	(Discharged)		

(Legal Age)
RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
9/16/27	Supt.	Satisfied and Good Home.			
9/27/29	Supt. collection	" " " "			
12/13/29	" " "	" " " "			
12/26/30	" " "	" " " "			

NAME *Carnest Potts* NO. *2,*
 DATE BORN *4-2 1907* DATE REC'D *10-8-'19*
 FATHER *Dead* LIVING-DEAD
 ADDRESS *Chas. E. Potts*
 MOTHER *Barbara McIntire Potts* LIVING-DEAD
 ADDRESS *Richwood*
 REC'D FROM *Richwood* TWP. OR CITY **UNION** CO. Nationality *A*

- < MALE
- FEMALE
- < PROT.
- R. C.
- JEW
- COLORED
- < WHITE
- ILLEG.
- Nationality *A*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>x Oct 8 1919</i>				<i>x</i>		<i>\$1.00 per wk.</i>
Admitted by Trustees or Managers							
Surrendered by ^{Father} Mother							

CAUSE OF DEPENDENCY

Father killed

	DATE	WITH WHOM	ADDRESS
PLACED			
RETURNED	Dec. 13. '19	To Mother.	
REPLACED	4-7-'20	Benjamin Jolliff	Richwood, O.R.R.
RETURNED	28-1-'21	Returned to Home.	
REPLACED	28-1-'21	Placed with Clarence Brevis ton.	
RETURNED	may 1-23.	by ^{Middleburg Ohio} Matron	
REPLACED	5-15-23	Leo L. Coleman.	Marysville O.R.R.
RETURNED	9/26	- - Returned to Mother	

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
6-9-'20	Trustees + Supt.	Good.			
8/10-'21	J.C. Whiteside	wife -			Good if schooled.
5-27-24	Matron.	good			
7/30-24	"	"			
4/27/25	"	"			

NAME *Merle S. Potts* NO. *35,* { MALE
 DATE BORN *12-29-1915* DATE REC'D *10-8-'19* FEMALE
 FATHER *Chas. E. Potts* ~~LIVING-DEAD~~ { PROT.
 ADDRESS *Dead* R. C.
 MOTHER *Barbara McIntire Potts* ~~LIVING-DEAD~~ JEW
 ADDRESS *Richwood, O.* { WHITE
 REC'D FROM *Richwood* TWP. OR CITY **UNION** CO. ILLEG.
 Nationality *A*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>10-8-19</i>	<i>2</i>					<i>\$100 per wk.</i>
Admitted by Trustees or Managers							
Surrendered by ^{Father} Mother							

CAUSE OF DEPENDENCY

Father killed by train.

NAME *Mildred A Potts* NO. *34* MALE
 DATE BORN *6-26-1914* DATE REC'D *10-8-19* FEMALE
 FATHER *Chas. E. Potts.* LIVING-DEAD PROT.
 ADDRESS *Dead* R. C.
 MOTHER *Barbara M^c Intire Potts* LIVING-DEAD JEW
 ADDRESS *Richwood O.* COLORED
 REC'D FROM *Richwood,* TWP. OR CITY **UNION** ILLEG.
 CO. Nationality *a*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>2/10-8'19</i>	<i>L</i>			<i>L</i>		<i>\$1.00 per wk.</i>
Admitted by Trustees or Managers	<i>L</i>						
Surrendered by ^{Father} Mother							

CAUSE OF DEPENDENCY

Father killed by train.

	DATE	WITH WHOM	ADDRESS
PLACED			
RETURNED	12-13/20	To mother	
REPLACED	28-1-'21	Admitted to the Home.	
RETURNED	5/22/21	To Geo. Kiskland	Pottersburg, O.
REPLACED	9/27/21	Returned to Home	
RETURNED			
REPLACED	7/14/25	Mother	150. South Bell St Cov. Ohio
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
9/2-21	Supt. & Matron	Good Home.			

NAME *Thomas W Potts* NO. *28*
 DATE BORN *8-22-1910* DATE REC'D *8-16-19*
 FATHER *Chas. E. Potts* LIVING-DEAD
 ADDRESS *Dead*
 MOTHER *Barbara M. Intire Potts* LIVING-DEAD
 ADDRESS *Richwood, O.*
 REC'D FROM *Haibourne* TWP. OR CITY **UNION** CO. Nationality *A.*

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality *A.*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct. Admitted by Trustees or Managers Surrendered by <input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother	<i>8-15-19</i>		<i>X</i>				

CAUSE OF DEPENDENCY

Father dead. Poverty.

	DATE	WITH WHOM	ADDRESS
PLACED	6-26-'20	Mother	
RETURNED	28-1-'21	Admitted to the Home.	
REPLACED	6/1-'21	Mrs Gill	New Dover, O.
RETURNED	6/1 '21	Returned to Home	
REPLACED	7-23	Mrs Clyde Thompson Watkins	
RETURNED			
REPLACED	8/25#27	Died at St. Francis Hospital	Columbus Ohio.
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
1-26-21	M.	Fair Home			
7/29/21	Sup + Mother	Good Home			

NAME

Ivola Potts

No.

614

DATE BORN

12-7-1918

DATE REC'D.

9-11-25

FATHER

Asa Potts

LIVING-DEAD

ADDRESS

Marysville, O., R-4

MOTHER

Lizzie Potts

LIVING-DEAD

ADDRESS

REC'D FROM

TWP. OR CITY

CO.

MALE

FEMALE

PROT.

R. C.

JEW

COLORED

WHITE

ILLEG.

Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct. Admitted by Trustees or Managers Surrendered by ^{Father} Mother		Temp					

CAUSE OF DEPENDENCY

Mother dead father unable to
care for her

	DATE	WITH WHOM	ADDRESS
PLACED	8/20/27	Cleo Organ	Peora Co.
RETURNED	8/23/27	to Home	
REPLACED	6/12/28	Mittendorf Reformatory	Marysville, O.
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			

Married and of legal age. Case closed.
 RECORD OF VISITS 7/27-39.

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
9/25/28	Matron & Supt.	- Parents and girl very well satisfied.			
9/8/31	"	" " " " " " " "			
34	"	"			Sees girl frequently when visiting Reformatory.
35	"	"			
36	"	"			moved to T-lorida. Parents have bought home in Sarasota.

NAME *Williams Potts* No. *659* X
 DATE BORN *4/11/13* DATE REC'D *9/9/26*
 FATHER *Aza Potts*
 ADDRESS *Peoria Rl.*
 MOTHER *Lizzie Hatheway Potts deceased* X
 ADDRESS
 REC'D FROM *Summersville* WP. OR CITY *Union* CO. Nationality

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court		<i>Temp</i>					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

NAME **Mary Lois Pratt**No. **730**

MALE

DATE BORN **August 16-1918**DATE REC'D **12-29-28**

*FEMALE

FATHER **Jesse Franklin Pratt**

LIVING

~~DEAD~~*

PROT.

ADDRESS **York, O.**

R. C.

MOTHER **Esther Helen Pratt**

LIVING

~~DEAD~~*

JEW

ADDRESS **York, O.**

COLORED

REC'D FROM **York**

TWP. OR CITY

CO.

*WHITE

ILLEG.

Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	12/29	Temp.					
Admitted by Trustees or Managers	1928						
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

**Mother to be admitted into the Hospital at
Mt. Vernon, Father not able at present time
furnish proper care for said children.**

NAME Rosa Naomi Pratt

No. 730

 * MALE
 * FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 Nationality

DATE BORN 12-28-20

DATE REC'D 12-29-28

FATHER Jesse Franklin Pratt

LIVING

DEAD

ADDRESS York, O.

MOTHER Esther Helen Pratt

LIVING

DEAD

ADDRESS York, O.

REC'D FROM York

TWP. OR CITY

CO.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	12/29/28	Temp.					
Admitted by Trustees or Managers							
- Surrendered by Father Mother							

CAUSE OF DEPENDENCY

Mother will be admitted into the Hospital at
 Mt. Vernon, O. Monday 12/31/28, Father not able to
 at present time furnish proper care for said child.

NAME *Pritchard, Esther* NO. *20* MALE
 DATE BORN *4-17-'06* DATE REC'D. *11-23-15* FEMALE
 FATHER *Frank Pritchard* LIVING-DEAD
 ADDRESS PROT.
 MOTHER *Estella Mills Pritchard* LIVING-DEAD
 ADDRESS R. C.
 REC'D FROM *Dover* TWP. OR CITY **UNION** CO. JEW
 ILLEG.
 Nationality *a*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers	<i>11-23-15</i>		<i>r.</i>				
Surrendered by <input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Father and Mother dead.

	DATE	WITH WHOM	ADDRESS
PLACED	June 19, 1918.	J. J. Cain	New Dover, Ohio.
RETURNED	July 22 - 1919.		
REPLACED	Sept. 23, 1919.	Harry Mack.	Peoria, O.
RETURNED	Jan. 29, 1921.	Returned to the Home.	
REPLACED	Feb. 28, 1922	Mr. T. M. Lee Smalley.	Marysville O
RETURNED	3-17-23.	moving out of state	
REPLACED	7/16/23.	O. S. S.	MT Vernon Ohio,
RETURNED	1/12/24.	returned from O. S. S.	

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
Dec. 6, 1918.	Horne	Excellent.			
	Supt.				
11-5-'19	Supt.	Good.			
6-14'20	Supt.	Good.			
4-17-1927-21-years		of age at	Columbus		doing well.

NAME *Pritchard, Walter* NO.
 DATE BORN *7-3-10* DATE REC'D. *3-1-15* MALE
 FATHER *Fran k Pritchard.* LIVING-DEAD FEMALE
 ADDRESS *New Dover, O.* R. C.
 MOTHER *Estella Mills Pritchard.* LIVING-DEAD JEW
 ADDRESS COLORED
 REC'D FROM *Dover Twp.* TWP. OR CITY **UNION** ILLEG.
 CO. Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers	<i>3-1-15</i>						
Surrendered by <input type="checkbox"/> Father <input type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Parents dead.

	DATE	WITH WHOM	ADDRESS
PLACED	1-14-'19	Mr. & Mrs. O. Moore	Richwood, Ohio.
RETURNED	9-1-'20	returned to the Home.	
REPLACED	9-19-'20	Mr. & Mrs. Chas. Moore	Richwood, O.
^{placed} RETURNED	6/12-21	Mr. & Mrs. Hoopes	New Dover, Ohio.
REPLACED	2/6/30	Transferred to L. A. Baughman " " O. From Chas. Hoopes	
RETURNED			
REPLACED		Discharged; Legal Age - 7-3-31	
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
11-12-'19	Supt.	Good.	7/29/27	Supt & Matron	Good Home
6-17-'20	"	+ Trustees. Good.			
8-30-21	Supt. & Mr. Blaney				Good Home.
4-17-22	Matron	good.			
5-26-24	"	Fair			
4/25/25	"	Fair Home			
5-3-26	"	Good Home.			
2/26/30	Supt.	"			Baughman wages - \$20.00 Mo. Winter - 30 ⁰⁰ This sum - MET

INSTITUTION AND AGENCY CARD

1. Name of child..... **RAUSCH-Hazel Irene** 2. Date accepted..... **3-13-39** 3. Case No. **1053**
4. Status of case: * Reopened: Case last closed prior to this year..... Reopened: Case last closed within this year..... 5. Religion: *Prot. R. C. G. C. Jew Other..... None
6. Race: W N O..... **W** 7. Sex: ~~##~~ F 8. Date of birth..... **9-12-29** 9. Place of birth..... **Milford Ct. O.**
10. Received from: **Milford Ctr. Ohio** County..... **Union** State or country.....
11. How received: Temporary * Permanent commitment..... Temporary surrender..... Permanent surrender..... Voluntary agreement.....
12. Name of father..... **Ernest C. Rausch** 13. Address..... **Milford Center, Ohio**
14. Name of mother..... 15. Address..... **Marysville, O. RD3**
16. Name of other guardian..... 17. Address.....
18. Whereabouts of child when accepted..... **Step Sister** 19. Status of child's parents when accepted..... **Divorced**
20. Whereabouts of child's parents when accepted: { Father..... **Milford Center, Ohio**
Mother..... **Marysville, O. RD3**
21. Assistance received by household: { At time of acceptance..... **\$4.00 Father-Per Wk.**
Within last two years..... **Father**
22. Notes:

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
9/28-43	Released to father	Carnest Pauret		X							X

2. Reason for closing..... *Order of the Probate Court*

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

INSTITUTION AND AGENCY CARD

1. Name of child **Rausch-Russell** 2. Date accepted **3-13-39** 3. Case No. **1053**
4. Status of case: Reopened: Case last closed Reopened: Case last closed
New * prior to this year within this year 5. Religion: * Prot. R. C. G. C. Jew Other None
6. Race: W N O **W** 7. Sex: M F **M** 8. Date of birth **3-14-32** 9. Place of birth **Milford Ctr. O.**
10. Received from: **Milford Ctr. O.** County **Union** State or country
11. How received: Temporary commitment * Permanent commitment Temporary surrender Permanent surrender Voluntary agreement
12. Name of father **Ernest C. Rausch** 13. Address **Milford Center, O.**
14. Name of mother 15. Address **Marysville, O. RD3**
16. Name of other guardian 17. Address
18. Whereabouts of child when accepted **Step-Sister** 19. Status of child's parents when accepted **Divorced**
20. Whereabouts of child's parents when accepted: { Father **Milford Center, O.**
Mother **Marysville, P. RD3**
21. Assistance received by household: { At time of acceptance **Father \$4.00 per wk.**
Within last two years **Father**
22. Notes:

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
8/28-43	Released to Father Earnest Rausch			X							X

2. Reason for closing..... *Order of the Probate Court*

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

INSTITUTION AND AGENCY CARD

1. Name of child Ruffett - Caleb Harold 2. Date accepted 2-7-1944 3. Case No. 1188
4. Status of case: Deepened: Case last closed Reopened: Case last closed
New prior to this year..... within this year..... 5. Religion: Prot. R. C. G. C. Jew Other..... None
6. Race: W N O..... 7. Sex: M F 8. Date of birth 2-3-1932 Verified: Y N 9. Place of birth Greenups, Kentucky
10. Received from: Allen Twp, Ohio County Union State or country.....
Temporary X Permanent..... Temporary Permanent Voluntary
commitment..... commitment..... surrender..... surrender..... agreement.....
11. How received: X.....
12. Name of father Ruffett - William Green 13. Address Manzville, O. P. R. #
14. Name of mother Ruffett - Veldean 15. Address Manzville, O. P. R.
16. Name of other guardian..... 17. Address.....
18. Whereabouts of child when accepted with father 19. Status of child's parents when accepted separated
20. Whereabouts of child's parents when accepted: { Father working on farm
Mother living with man for whom she works.
21. Assistance received by household: { At time of acceptance.....
Within last two years.....
22. Notes:.....

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
1946	Mother Mr & Mrs Chester Rosebrook	East Liberty #1	X							X	

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

INSTITUTION AND AGENCY CARD

1. Name of child Reffitt - Curtis 2. Date accepted 2-7-1944 3. Case No. 1188
4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year within this year 5. Religion: Prot. R. C. G. C. Jew Other None
6. Race: W N O 7. Sex: M F 8. Date of birth 4-28-1934 Verified: Y N 9. Place of birth Greensburg, Kentucky
10. Received from: Allen Tump County Union Co. State or country
11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement
12. Name of father Reffitt - William Green 13. Address Maysville, O. R. B.
14. Name of mother Reffitt - Veldian 15. Address Maysville, O. R. B.
16. Name of other guardian 17. Address
18. Whereabouts of child when accepted with father 19. Status of child's parents when accepted separated
20. Whereabouts of child's parents when accepted: { Father working on farm
Mother Living with man for whom she worked.
21. Assistance received by household: { At time of acceptance
Within last two years
22. Notes:

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
1948	mother-step father Mr & Mrs Chester Rosebrook	East Liberty # 1	X						X		

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

INSTITUTION AND AGENCY CARD

1. Name of child Reffett - Louella 2. Date accepted 10-23-44 3. Case No.

4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year within this year 5. Religion: Prot. R. C. G. C. Jew Other None

6. Race: W N O 7. Sex: M F 8. Date of birth 9. Place of birth

10. Received from: Juvenile Court County State or country

11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement

12. Name of father Reffett - Green 13. Address

14. Name of mother Johnson Reffett 15. Address

16. Name of other guardian 17. Address

18. Whereabouts of child when accepted 19. Status of child's parents when accepted

20. Whereabouts of child's parents when accepted: { Father
Mother

21. Assistance received by household: { At time of acceptance
Within last two years

22. Notes: Mother left family, went to keep house for Mr Johnson, later had a child. Has recently married Johnson. Girl ran away from mother with whom she lived. Tried to find father. Was sent to Home. Father boarded & only had room.

NAME RICE Myrtle Hannah

No. 820

DATE BORN 5-7-25

DATE REC'D 10-26-31

FATHER Kelley Rice

LIVING

~~DEAD~~

ADDRESS Marysville, O. RD

MOTHER Elizabeth Myers Rice

LIVING

~~DEAD~~

ADDRESS Marysville, O.

REC'D FROM Marysville

TWP. OR CITY

Union

CO.

MALE

* FEMALE

* PROT.

R. C.

JEW

COLORED

* WHITE

ILLEG.

Nationality

A.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	10-26-31			Yes			\$1.00 per wk.
Admitted by Trustees or Managers		Temp.					
- Surrendered by Mother							

CAUSE OF DEPENDENCY

No suitable place to live; no home environment.

Mother under arrest:

	DATE	WITH WHOM	ADDRESS
PLACED	9/6/32	Elmer Myers	Bellefontaine, O. R2
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
12/28/33	Mattson	O.K. Talking Adoption			
1/33	"	Good Home.			
3/34	"	" "			Papers filed for adoption in Loyan Co. Court
10/34	"	" "			
1/35	"	" "			
1/36	"	" "			
38	"	" "			
39	"	" " For mo. dead. 3 wks.			

NAME *Richards, Claude Monroe* NO. *27* MALE
 DATE BORN *6-16-06* DATE REC'D. *11-10-09* FEMALE
 FATHER *John Wesley Richards* LIVING-DEAD PROT.
 ADDRESS
 MOTHER *Rachael Lorain Richards* LIVING-DEAD R. C.
 ADDRESS JEW
 REC'D FROM *Marysville* TWP. OR CITY **UNION** CO.
 ILLEG.
 Nationality *a*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers	<i>11-10-09</i>			<input checked="" type="checkbox"/>			
Surrendered by ^{Father} Mother							

CAUSE OF DEPENDENCY

Mother died.

	DATE	WITH WHOM	ADDRESS
PLACED	12-31-14		
RETURNED	6-9-15		
REPLACED	7-22-15		
RETURNED	5-20-16		
REPLACED	8-31-18	S. S. Johnson, West Middleburg, O.	
RETURNED	10-4-18	Mr. Johnson had to give up farming.	
REPLACED	9/20/21	Sister, Mrs Josephine	Ark.
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
	W. L. Blaney, Tru.				
8- - 14	"				
10-3-14	"				
		Boy sent to ark, have not been able to hear from him.			

NAME **Delca Mae Robinson**No. **701**

MALE

DATE BORN **1-20-19**DATE REC'D **1-10-28**

* FEMALE

FATHER **Thomas L. Robinson.**

* PROT.

ADDRESS **West Mansfield. Ohio.**

R. C.

MOTHER **Effie Robinson.**

JEW

ADDRESS

* COLORED

WHITE

ILLEG.

REC'D FROM **Washington**

TWP. OR CITY

Union

CO.

Nationality

american

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	1-20-28	per		yes			\$1.00 per wk
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father and Mother are seperated.

NAME Elnora Dean Robinson

No. 701

DATE BORN 9-13-20.

DATE REC'D 1-10-28

FATHER Thomas L. Robinson.

ADDRESS West Mansfield. Ohio.

MOTHER Effie Robinson.

ADDRESS

REC'D FROM Washington

TWP. OR CITY

Union

CO.

 MALE
 * FEMALE
 * PROT.
 R. C.
 JEW
 COLORED
 * WHITE
 ILLEG.

Nationality

american

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	1-20-28	per		yes			\$1.00 per wk
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father and Mother are seperated.

NAME Ernest C. Robinson.

No. 701

* MALE

DATE BORN 7-27-25.

DATE REC'D 1-10-28.

* FEMALE

FATHER Thomas L. Robinson.

* PROT.

ADDRESS West Mansfield. Ohio.

R. C.

MOTHER Effie Robinson.

JEW

ADDRESS

* COLORED

* WHITE

ILLEG.

REC'D FROM Washington.

TWP. OR CITY

Union.

CO.

Nationality

american.
CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	1-10-28.	per		yes			\$1.00 per wk.
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father and Mother are seperated.

NAME **James D. Robinson**No. **701*** MALE
* FEMALE
* PROT.
R. C.
* JEW
* COLORED
* WHITE
* ILLEG.
NationalityDATE BORN **7-10-23.**DATE REC'D **1-10-28.**FATHER **Thomas L. Robinson.**ADDRESS **West Mansfield. Ohio.**MOTHER **Effie Robinson.**

ADDRESS

REC'D FROM **Washington**

TWP. OR CITY

Union.

CO.

american

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	1-10-28.	per		yes			\$1.00 per wk
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father and Mother are seperated.

INSTITUTION AND AGENCY CARD

1. Name of child Rodgers - Kathleen 2. Date accepted Oct, 22-44 3. Case No. _____

4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year..... within this year..... 5. Religion: Prot. R. C. G. C. Jew Other..... None

6. Race: W N O..... 7. Sex: M F..... 8. Date of birth 6-27-34 Verified: Y N..... 9. Place of birth Union Co.

10. Received from: Father County..... State or country.....

11. How received: Temporary commitment..... Permanent commitment..... Temporary surrender..... Permanent surrender..... Voluntary agreement

12. Name of father Rodgers, Paul 13. Address Marysville, O.

14. Name of mother " - Ethel Randall 15. Address " "

16. Name of other guardian..... 17. Address.....

18. Whereabouts of child when accepted with father 19. Status of child's parents when accepted Separated

20. Whereabouts of child's parents when accepted: { Father In home of father
Mother Unknown

21. Assistance received by household: { At time of acceptance.....
Within last two years.....

22. Notes: Girl & father were living temporary with ^(paternal) grandfather

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
7/1-46	Parents	Columbus, O.	X								X

2. Reason for closing. *Parents assumed support of children*

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

INSTITUTION AND AGENCY CARD

1. Name of child Rodgers - Priscilla Lucille 2. Date accepted Oct 20-44 3. Case No.

4. Status of case: Reopened: Case last closed Reopened: Case last closed New prior to this year..... within this year..... 5. Religion: Prot. R.C. G.C. Jew Other..... None

6. Race: W N O..... 7. Sex: M F..... 8. Date of birth 2-15-38 Verified: Y N..... 9. Place of birth Union Co

10. Received from: Father..... County..... State or country

11. How received: Temporary commitment..... Permanent commitment..... Temporary surrender..... Permanent surrender..... Voluntary agreement.....

12. Name of father Rodgers - Paul 13. Address Manassas, Ohio

14. Name of mother Rodgers - Ethel Randall 15. Address

16. Name of other guardian..... 17. Address

18. Whereabouts of child when accepted With father 19. Status of child's parents when accepted Separated

20. Whereabouts of child's parents when accepted: { Father In home of father
Mother Unknown

21. Assistance received by household: { At time of acceptance.....
Within last two years.....

22. Notes: Girl + father living temp. with ^[paternal] grandfather

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
4/3-46	Parents	Columbus, O	X								X

2. Reason for closing... *Parents assumed care & support*

3. Changes in guardianship (Give date and type)

.....

.....

.....

4. Changes in source of support (Give date and source)

.....

.....

.....

INSTITUTION AND AGENCY CARD

1. Name of child..... Rodgers - Wanda Jane 2. Date accepted..... Oct, 20-44 3. Case No.....

4. Status of case: Reopened: Case last closed Reopened: Case last closed
New..... prior to this year..... within this year..... 5. Religion: Prot. R. C. G. C. Jew Other..... None

6. Race: W N O 7. Sex: M F 8. Date of birth..... 4-12-36 Verified: Y N 9. Place of birth..... Union Co.

10. Received from: Father County..... State or country.....
Temporary commitment..... Permanent commitment..... Temporary surrender..... Permanent surrender..... Voluntary agreement.....

11. How received:

12. Name of father..... Rodgers - Paul 13. Address..... Mansville, Ohio

14. Name of mother..... Rodgers - Ethel Randall 15. Address..... " " "

16. Name of other guardian..... 17. Address.....

18. Whereabouts of child when accepted..... 19. Status of child's parents when accepted..... Separated

20. Whereabouts of child's parents when accepted: { Father..... In home of father
Mother..... Unknown

21. Assistance received by household: { At time of acceptance.....
Within last two years.....

22. Notes: Girl + father living temp. with pa. grandfather

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
9-7-46	Parents -	Columbus, Ohio	X								X

2. Reason for closing *Parents assumed care & support.*

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

NAME **Clarence Sarver** No. **683** * MALE
 DATE BORN **April 23 1916** DATE REC'D **May 28 1927** * FEMALE
 FATHER **Harry Sarver** **Living** * PROT.
 ADDRESS **Marysville Ohio** R. C.
 MOTHER **Lila Sarver** **Living** * JEW
 ADDRESS **Marysville Ohio** COLORED
 REC'D FROM **Paris** TWP. OR CITY **Union** CO. **A** ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	Yes	5-28-27	Temp.				
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father ill, Mother unable to care for Child.

NAME	Margie Sarver	No.	683	MALE
DATE BORN	Apr 23 1925	DATE REC'D	May 28 1927	* FEMALE
FATHER	Harry Sarver		Living	* PROT.
ADDRESS	Marysville Ohio			R. C.
MOTHER	Lila Sarver		Living	JEW
ADDRESS	Marysville Ohio.			* COLORED
REC'D FROM	Paris	TWP. OR CITY	Union	WHITE
				ILLEG.
				CO. A
				Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	Yes 5-28-27	Temp.					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father ill, Mother unable to care for Child.

NAME **Marvin Sarver**No. **683**

* MALE

DATE BORN **Feb. 25 1921**DATE REC'D **May 28 27**

* FEMALE

FATHER **Harry Sarver****Living**

* PROT.

R. C.

ADDRESS **Marysville Ohio**

* JEW

* COLORED

MOTHER **Lila Sarver****Living**

* WHITE

* ILLEG.

ADDRESS **Marysville Ohio**REC'D FROM **Paris**

TWP. OR CITY

Union

CO.

* Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	Yes 5-28-27	Temp.					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father ill, Mother unable to care for Child.

NAME	Ruth Sarver	No.	683	MALE
DATE BORN	Dec, 31 1924	DATE REC'D	May 28 1927	*FEMALE
FATHER	Harry Sarver		Living	*PROT.
ADDRESS	Marysville Ohio			R. C.
MOTHER	Lila Sarver		Living	JEW
ADDRESS	Marysville Ohio			COLORED
REC'D FROM	Paris	TWP. OR CITY	Union	*WHITE
				ILLEG.
				Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	Yes 5 28 27	Temp.					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father ill, Mother unable to care for Child.

NAME **Harry Scott**No. **696**DATE BORN **9.30, 1917**DATE REC'D **11.3.1927**FATHER **Charles Scott**ADDRESS **deceased.**MOTHER **Effie Scott Dulin.**ADDRESS **Columbus Ohio.**REC'D FROM **Plain City Ohio.** TWP. OR CITY**Union** CO.
 * MALE
 * FEMALE
 * PROT.
 R. C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	yes-11-3-27	per					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father, deceased, Grandmother unable to care for him.

NAME **Lewis Voile Segner**

No. **765**

DATE BORN **8-1-18**

DATE REC'D **8-2-30**

FATHER **John E. Segner**

LIVING

~~DEAD~~

ADDRESS **Marysville, O. RD**

MOTHER **Marcia Inskiep Segner**

~~LIVING~~

DEAD

ADDRESS **-**

REC'D FROM

TWP. OR CITY

W. Mansfield, O. CO.

*

MALE
FEMALE

*

PROT.

R. C.

JEW

COLORED

*

WHITE

ILLEG.

A

Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court yes	8-2-30	Temp		-	-	-	
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Mother Deceased-Father at present has no suitable home for said child.

NAME	MARY HELEN SEGNER		No. 843	MALE
DATE BORN	3-4-23	DATE REC'D	8-1-32	* FEMALE
FATHER	John E. Segner	LIVING	DEAD	* PROT.
ADDRESS	Milford Center, O. RD			R. C.
MOTHER	Deceased:	LIVING	DEAD	JEW
ADDRESS	-			COLORED
REC'D FROM		TWP. OR CITY	CO.	* WHITE
				ILLEG.
				A. Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	8-1-32	Temp.		Yes			\$1.00 per wk.
Admitted by Trustees or Managers							Beginning
Father Surrendered by Mother							August 8th.

CAUSE OF DEPENDENCY 1932:

Mother Deceased-Father working but not financially able to pay board for said child:

INSTITUTION AND AGENCY CARD

1. Name of child S. Sharp-Jean 2. Date accepted 1-7-49 3. Case No. _____

4. Status of case: Reopened: Case last closed prior to this year _____ Reopened: Case last closed within this year _____ 5. Religion: Prot. R. C. G. C. Jew. Other _____ None

6. Race: W N O 7. Sex: M F 8. Date of birth 6-16-46 Verified: Y N 9. Place of Birth _____

10. Received from _____ County _____ State or Country _____

11. How Received: Temporary commitment _____ Permanent commitment _____ Temporary surrender _____ Permanent surrender _____ Voluntary agreement

12. Name of father _____ 13. Address _____

14. Name of mother S. Sharp-Jean 15. Address Manville, O. #5

16. Name of other guardian _____ 17. Address _____

18. Whereabouts of child when accepted Mother 19. Status of child's parents when accepted _____

20. Whereabouts of child's parents when accepted: } Father _____
} Mother _____

21. Assistance received by household: } At time of acceptance _____
} Within last two years _____

22. Notes: Mother is in Matron at the Manville Reformatory & is boarding Jean in the Ch. Home so the child can be close to her

NAME **Alvin Shaw**
 DATE BORN **June 4th 1915** DATE REC'D. **Mo.**
 FATHER **George Shaw**
 ADDRESS **Marysville, Ohio. R 4**
 MOTHER **Grace Gnatt Shaw**
 ADDRESS **deceased**
 REC'D FROM **Taylor** TWP. OR CITY **Union** CO.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv.	yes 5-7-25			yes	75¢	per week	
Admitted by Trustees or Managers							
Surrendered by Father Mother							

CAUSE OF DEPENDENCY

Father, unable to provide suitable home for said child

WITH WHOM

ADDRESS

Mrs Paul Sealer
Home

Mt Victory

Edward A. Clump
To Home

Delaware, O. R.D. #12
Mansville O

7/17/29 Leroy & Nellie Brown

Ostrander, O. R2

7/14/30 ^{Transferred} To Uncle Art Shaw - Peoria. O. R.D.

RETURNED

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
7/5/27	Supt + Matron	good home			[attend school]
Sept-28	Supt + Matron	good home			Boy doesn't want to
2/26/30	" + "	good home			'30 Boy doing better
"/25/30	" + "	"			in school.

NAME	Anna Shaw	No.	599	MALE
DATE BORN	5-27-1917	DATE REC'D.	5-7-1925	*FEMALE
FATHER	George Shaw	LIVING	*DEAD*	* PROT.
ADDRESS	Marysville, Ohio. R #4			R. C.
MOTHER	Grace Shaw	LIVING	*DEAD*	JEW
ADDRESS	deceased			COLORED
REC'D FROM	Taylor	TWP. OR CITY	Union	* WHITE
				ILLEG.
				CO. Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers							
Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Mother is deceased, Father is unable to do the cooking and keep the house in livable condition

	DATE	WITH WHOM	ADDRESS
PLACED	6-4-29	W. J. Reames	Peoria, O. R2
RETURNED	8-1-30	" " (on ^{his} death Reames)	Richwood, O
REPLACED	5-25-31	Walter Casper	Marysville, O. R.
RETURNED	7-14-36	From "	" "
REPLACED		married Aug. 21-'36	
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
2/28/30	Supt. Mathen	Fine home			
11-15-31	Supt. M.	" "			
10/3/32	" & M.	" "			
2/3/32	" & "	" "			
3/14/34	Matron	" "			

NAME **Evan Shaw** No. **598** *MALE
 DATE BORN **11-4-1911** DATE REC'D. **5-7-1925** FEMALE
 FATHER **George Shaw** LIVING-~~DEAD~~ PROT.
 ADDRESS **Marysville, Ohio. R # 4** R. C.
 MOTHER **Grace Shaw.(Gantt)** ~~LIVING-DEAD~~ JEW
 ADDRESS **Deceased** COLORED
 REC'D FROM **Taylor** TWP. OR CITY **Union** CO. WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct. ^	5-7-25		6es	Yes	75¢	per Week	
Admitted by Trustees or Managers							
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Father unable to provide housekeeper for said home;
Mother is

NAME	Glena Shaw		No.	601	MALE
DATE BORN	April 18th 1918	DATE REC'D.	May 7th 1925		FEMALE
FATHER	George Shaw			LIVING DEAD	PROT.
ADDRESS	Marysville, Ohio. R 4				R. C.
MOTHER	Grace Shaw			LIVING DEAD	JEW
ADDRESS	deceased				COLORED
REC'D FROM	Taylor	TWP. OR CITY	Union	CO.	WHITE
					ILLEG.
					Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. <input checked="" type="checkbox"/> Yes	5/7/25			yes	75¢	per week	
Admitted by Trustees or Managers							
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Father, unable to provide suitable home for said child

	DATE	WITH WHOM	ADDRESS
PLACED	9/10/27	Trall Stiner	Marysville & A. S. C.
RETURNED	6/3/28	By "	"
REPLACED	6/24/29	Grandmother	Gantt
RETURNED	9/7/30	From "	"
REPLACED	10/4/30	W.A. & Jane Bonham	Moved 720 Kueser Rd. Sta. B. Rt 2 - Col. O. 108 Ido Ave. Akron, O.
RETURNED			
REPLACED			
RETURNED		(married)	Closed case

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
8/3/31	M & S.	Good HOME. Satis.			
10/8/32	" & "	" "			
10/20/33	" "	" "			

NAME **Margaret Shaw** No. **602** MALE
 DATE BORN **5-11-1922.** DATE REC **5-7-1925** * FEMALE
 FATHER **George Shaw** LIVING-~~HEAD~~ * PROT.
 ADDRESS **Marysville, Ohio. R # 4** R. C.
 MOTHER **Grace Shaw** ~~LIVING-HEAD~~ DEAD COLORED
 ADDRESS **deceased** * WHITE
 REC'D FROM **Taylor** TWP. OR CITY **Union** CO. **A** Nationality ILLEG.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	Yes 5-7-25		yes	yes	75¢	per per	week
Admitted by Trustees or Managers							
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Mother deceased Father unable to provide home for said child

	DATE	WITH	HOM	ADDRESS
PLACED	12-25	Mr & Mrs G. Hart Shirley		Delaware O
RETURNED	1/6/35	From	"	4308 Ardusky St
REPLACED	6-1-35	W. F. Bonham - aunt - visit		08 Ida Ave. AKRON, O.
RETURNED	8/21/36	From aunts		
REPLACED	6/15/37	Edward Eiricks		Marysville, O. RD
RETURNED	7/28/37	FROM "	" (8 lbs)	" "
REPLACED	9/10/37	Edward	"	" "
RETURNED Replaced	6-1-41	Mr & Mrs Swartz	Richwood O.	Legal age - Discharged

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
7/7/26	R.P.	Good.			
7/16-27	Supt & Supt	Good Home.			
11/12/28	" & "	Talking adoption			
1/12/37	" " "	Good HOME			
1/18-38	matron	" " with Aunt. visiting			
3-9-39	" "	" "			
40	" "	" " Thinking of change.			

NAME **Malcomb Sherburn**No. **742**DATE BORN **2-5-20**DATE REC'D **7-22-29**FATHER **Edward M. Sherburn**LIVING * ~~DEAD~~ADDRESS **Unknown**MOTHER **Caroline Johnson Sherburn**LIVING * ~~DEAD~~ADDRESS **New Dover, O.**REC'D FROM **New Dover**

TWP. OR CITY

CO.

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality
 A.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	J.C.	Temp.			*		\$2.00 per wk
Admitted by Trustees or Managers							Total for 4th three.
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father deserted children, mother unable to support them.

NAME **Monabelle Sherburn**

No.

742

DATE BORN **1-25-22**

DATE REC'D **7-22-29**

FATHER **Edward W. Sherburn**

LIVING *

~~DEAD~~

ADDRESS **Unknown**

MOTHER **Caroline Johnson Sherburn**

LIVING *

~~DEAD~~

ADDRESS **New Dover, O.**

REC'D FROM **New Dover**

TWP. OR CITY

CO.

MALE
FEMALE *
PROT. *
R. C.
JEW
COLORED
WHITE *
ILLEG.
Nationality
A.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	J.C.	Temp.			*		\$2.00 per
Admitted by Trustees or Managers							Wk. Total for
Father Surrendered by Mother							three.

CAUSE OF DEPENDENCY

Father deserted children, and mother unable to support them.

NAME	Pauline Sherburn		No.	742	MALE
DATE BORN	Sept. 18-1924	1923	DATE REC'D	7-22-29	* FEMALE
FATHER	Edward M. Sherburn		LIVING	*	* PROT.
ADDRESS	Unknown				R. C.
MOTHER	Caroline Johnson Sherburn		LIVING		JEW
ADDRESS	New Dover, O.				COLORED
REC'D FROM	New Dover	TWP. OR CITY			* WHITE
					ILLEG.
					Nationality
					* A

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	J.C.	Temp.			*		\$2.00 per
Admitted by Trustees or Managers							Wk. Total for
Father Surrendered by Mother							Three

CAUSE OF DEPENDENCY

Father Deserted children, mother unable to Support them.

NAME *Sloan, Inez* NO. *5-17-14*
 DATE BORN *3-17-07* DATE REC'D. *8-19-12* MALE
 FATHER *William Sloan* LIVING-DEAD PROT.
 ADDRESS R. C.
 MOTHER *Emma Berry Sloan* LIVING-DEAD JEW
 ADDRESS COLORED
 REC'D FROM *Dover* TWP. OR CITY *UNION* CO. ILLEG.
 Nationality *A*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers	<i>8-19-12</i>						
Surrendered by <input type="checkbox"/> Father <input type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Parents dead.

	DATE	WITH WHOM	ADDRESS
PLACED	8-31-15	Robt. Ratchford	Plain City, O.
RETURNED	1-9-16		
REPLACED	6- ¹⁶ 25 -17	Mrs. R. A. Mc Clean	Peoria, O. RR #1
RETURNED	7-3-17		
REPLACED	11-19-18	Mr. + Mrs. E. C. Magill	Waldron, Mich. R#1,
RETURNED			
REPLACED		Married	
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
6-21-17	Supt. + June				
11-19-18	"				
11-29-19	Mrs. Staly	Good.			
	7				

INSTITUTION AND AGENCY CARD

1. Name of child Smith - Dale 2. Date accepted Mar. 6-52 3. Case No.
4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year within this year 5. Religion: Prot. R. C. G. C. Jew. Other None
6. Race: W N O 7. Sex: M F 8. Date of birth 10-18-40 9. Place of Birth Verified: Y N
10. Received from Marysville R.R. Clairmont County Union Ohio State or Country
11. How Received: Temporary commitment Permanent commitment Temp. surrender Temporary surrender Permanent surrender Voluntary agreement
12. Name of father 13. Address Deceased
14. Name of mother 15. Address ..
16. Name of other guardian 17. Address ..
18. Whereabouts of child when accepted with maternal aunt. 19. Status of child's parents when accepted Deceased
20. Whereabouts of child's parents when accepted: { Father Deceased
Mother ..
21. Assistance received by household: { At time of acceptance A. DC.
Within last two years Relief + A. DC.
22. Notes: ..

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
Aug 18	Carl Tadeley -	New Canale				X					
Apr: 54	" " "	" " "									X

2. Reason for closing

3. Changes in guardianship (Give date and type)

Male was adopted by
Mr. & Mrs. Carl Tadeley!

4. Changes in source of support (Give date and source)

See item 3.

INSTITUTION AND AGENCY CARD

1. Name of child South - Baby 2. Date accepted 4-11-50 3. Case No.

4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year within this year 5. Religion: Prot. R. C. G. C. Jew. Other. None

6. Race: W N O 7. Sex: M F 8. Date of birth 4-6-50 9. Place of Birth State or Country

10. Received from Maternal University Hospital 4-6-50 County Franklin State or Country

11. How Received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement

12. Name of father 13. Address

14. Name of mother South - Callie 15. Address Unionville, Ohio

16. Name of other guardian 17. Address

18. Whereabouts of child when accepted Hospital 19. Status of child's parents when accepted father remarried

20. Whereabouts of child's parents when accepted: } Father
} Mother

21. Assistance received by household: } At time of acceptance
} Within last two years

22. Notes: Mother gave a permanent surrender to the Home for Babies. Baby placed for adoption.

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
4-15-50	See file	Adoption Placement									

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
10/6-60	Callie South	Magnetic Spump	X							X	

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

INSTITUTION AND AGENCY CARD

1. Name of child Jeanie South 2. Date accepted Sept 8-1950 3. Case No. _____
4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year within this year 5. Religion: Prot. R. C. G. C. Jew. Other _____ None
6. Race: W N O 7. Sex: M F 8. Date of birth 5-19-46 9. Place of Birth _____ Verified: Y N
10. Received from Unionville, Ohio County Union - Ohio State or Country _____
Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement
11. How Received: _____
12. Name of father Warren South 13. Address Toledo, O.
14. Name of mother Caledona Steele-South 15. Address Unionville, O.
16. Name of other guardian _____ 17. Address _____
18. Whereabouts of child when accepted with mother 19. Status of child's parents when accepted divorced
20. Whereabouts of child's parents when accepted: { Father _____
Mother _____
21. Assistance received by household: { At time of acceptance: Direct Relief
Within last two years _____
22. Notes: _____

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
10/6-60	Callie South	Magnetic Springs	X							X	

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

.....

.....

.....

4. Changes in source of support (Give date and source)

.....

.....

.....

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
1/6-60	Callie South	Magnetic Squirr Q.	X							X	

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

NAME *Phoebe Spellman* NO. *408*
 DATE BORN *Oct. 20, 1908* DATE REC'D *May 31, 1921*
 FATHER *Henry Spellman (Isaac)* LIVING-DEAD
 ADDRESS *Marysville, O. R. F. D. No. 2.*
 MOTHER *Sarah Spellman (Isabelle)* LIVING-DEAD
 ADDRESS *Marysville, O.*
 REC'D FROM *Milerick.* TWP. OR CITY *UNION* CO.

~~MALE~~
 FEMALE
 PROT.
 R. C.
 JEW
~~COLORED~~
 WHITE
 ILLEG.
 Nationality *a*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers	<i>Mrs. Scott 5/31/21</i>		<i>Y</i>				
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Neglected owing to the death of her mother

NAME *Clara L. Stanley* No. _____ MALE
 DATE BORN *2/27/21* DATE REC'D. *6/19/1926* FEMALE
 FATHER *W. M. Stanley* LIVING-DEAD _____ PROT.
 ADDRESS *at present Urbana O.* R. C. _____
 MOTHER *Nellie Stanley* LIVING-DEAD _____ JEW
 ADDRESS *Unknown* COLORED _____
 REC'D FROM *Barby* TWP. OR CITY *Union* CO. ILLEG. _____
 Nationality _____

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>6/19/26</i>	<i>X</i>		<i>X</i>			<i>\$2 per wk</i>
Admitted by Trustees or Managers							
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Parents Separated.

NAME *Clara L Stanley* No. _____
 DATE BORN *9-27-1921* DATE REC'D *6-19-1926*
 FATHER *Wm Stanley, Urbana B*
 ADDRESS *Urbana*
 MOTHER *Nellie C Stanley*
 ADDRESS *Urbana*
 REC'D FROM *Parents* TWP. OR CITY _____ CO. _____
 Nationality _____

MALE _____
 FEMALE
 PROT. & _____
 R. C. _____
 JEW _____
 COLORED _____
 WHITE
 ILLEG. _____
 Nationality _____

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court <input checked="" type="checkbox"/>	<i>6/19/26</i>	<input checked="" type="checkbox"/>		<i>By Fath.</i>			<i>2 per wk</i>
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Parents supposed to be seperated. But later det show them to be living together in Urbana.

NAME

Flora Mae Stanley

No.

MALE

DATE BORN

7-4/1919

DATE RECD.

6/19/1926

FEMALE

FATHER

W. M. Stanley

LIVING-DEAD

PROT.

ADDRESS

Urbana, Ill.

R. C.

MOTHER

Nellie Stanley

LIVING-DEAD

JEW

ADDRESS

Unknown

COLORED

REC'D FROM

Darby

TWP. OR CITY

Union

CO.

WHITE

ILLEG.

Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	6/19/26	X		X			\$2 per wk.
Admitted by Trustees or Managers							
Surrendered by Father Mother							

CAUSE OF DEPENDENCY

Parents Separated.
By order of court children returned to
parents. Sept. 1926.

NAME *Flora May Stanley* No. _____
 DATE BORN *7/4th - 1919* DATE REC'D *6/19/1926*
 FATHER *Wm Stanley*
 ADDRESS *Urbana Ill.*
 MOTHER *Nellie C. Stanley*
 ADDRESS _____
 REC'D FROM *Parents* TWP. OR CITY *Urbana Ill.* CO. _____

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality _____

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	<i>X</i>						<i>\$2 per wk</i>
Admitted by Trustees or Managers	<i>6/19/26</i>	<i>X</i>		<i>X</i>			
Surrendered by Mother	<i>Father also 7/9.</i>						

CAUSE OF DEPENDENCY

Parents Separated.

NAME *Grace Belle Stanley* No. _____
 DATE BORN *8/2/22* DATE REC'D. *6/19/26*
 FATHER *W. M. Stanley* LIVING-DEAD _____
 ADDRESS *Urbana, O.*
 MOTHER *Nellie Stanley* LIVING-DEAD _____
 ADDRESS *Unknown*
 REC'D FROM *Darby* TWP. OR CITY *Union* CO. _____
 MALE _____
 FEMALE _____
 PROT. _____
 R. C. _____
 JEW _____
 COLORED _____
 WHITE _____
 ILLEG. _____
 Nationality _____

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>6/19/26</i>	<i>X</i>		<i>X</i>			<i>\$2 per wk</i>
Admitted by Trustees or Managers							
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Sep 26 Parents in Urbana

Were returned to Parents in Sep-26

NAME *Grace Belle Stanley* No. _____
 DATE BORN *8/2/1923* DATE REC'D *6/19/1926*
 FATHER *Wm Stanley*
 ADDRESS *Urbana O.*
 MOTHER *Nellie Stanley*
 ADDRESS *Urbana O.*
 REC'D FROM _____ TWP. OR CITY _____ CO. _____
 Nationality _____

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	<i>X 6/19/26</i>	<i>X</i>		<i>X</i>			<i>2 yrs wk.</i>
Admitted by Trustees or Managers							
Father <i>X</i> Surrendered by Mother							

CAUSE OF DEPENDENCY

Parents Separated.

INSTITUTION AND AGENCY CARD

1. Name of child Stidham Carolyn Jean 2. Date accepted 8-15-49 3. Case No.
4. Status of case: Reopened: Case last closed _____ Reopened: Case last closed _____
New prior to this year _____ within this year _____
5. Religion: Prot. R. C. G. C. Jew. Other _____ None _____
6. Race: W N O 7. Sex: M F 8. Date of birth 4-2 9. Place of Birth _____
Verified: Y N State or Country _____
10. Received from Milford Center County Union State or Country Ohio
Temporary commitment _____ Permanent commitment _____
Temporary surrender _____ Permanent surrender _____ Voluntary agreement
11. How Received: _____
12. Name of father Stidham - Ralph 13. Address Milford Ctr, Ohio
14. Name of mother _____ 15. Address _____
16. Name of other guardian _____ 17. Address _____
18. Whereabouts of child when accepted with father 19. Status of child's parents when accepted separated
20. Whereabouts of child's parents when accepted: { Father _____
Mother _____
21. Assistance received by household: { At time of acceptance _____
Within last two years _____
22. Notes: See Rara's card

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
4-49	Ralph Stebbins	Manville, O	X							X	

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

Case closed January 1952

4. Changes in source of support (Give date and source)

Parents assumed care & support
1949

INSTITUTION AND AGENCY CARD

1. Name of child Stidham - Patricia Ann 2. Date accepted 8-15-49 3. Case No.
4. Status of case: Reopened: Case last closed Reopened: Case last closed 5. Religion: Prot. R. C. G. C. Jew. Other None
6. Race: W N O 7. Sex: M F 8. Date of birth 8-13-41 9. Place of Birth Verified: Y N
10. Received from County State or Country
11. How Received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement
12. Name of father Stidham - Ralph 13. Address Miford Center, Ohio
14. Name of mother 15. Address
16. Name of other guardian 17. Address
18. Whereabouts of child when accepted father 19. Status of child's parents when accepted separated
20. Whereabouts of child's parents when accepted: { Father
Mother
21. Assistance received by household: { At time of acceptance
Within last two years
22. Notes: See Rita's card

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
11/10-49	Ralph Stedman	Mayville, @	X							X	X

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

Case Closed January 1952

4. Changes in source of support (Give date and source)

INSTITUTION AND AGENCY CARD

1. Name of child Stidham-Rosahoe 2. Date accepted 8-15-49 3. Case No.
4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year within this year 5. Religion: Prot. R. C. G. C. Jew. Other None
6. Race: W N O 7. Sex: M F 8. Date of birth 9-23-76 9. Place of Birth Ohio
Verified: Y N State or Country
10. Received from Milford Center County Union State or Country Ohio
Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement
11. How Received:
12. Name of father Stidham-Ralph 13. Address Milford Center, O
14. Name of mother 15. Address
16. Name of other guardian 17. Address
18. Whereabouts of child when accepted with father 19. Status of child's parents when accepted separated
20. Whereabouts of child's parents when accepted: } Father
} Mother
21. Assistance received by household: } At time of acceptance
} Within last two years
22. Notes: Mother left children with father, whereabouts unknown at time of acceptance

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
10-49	Ralph Stidham	Mayville, O	X							X	

2. Reason for closing *Family intact*

3. Changes in guardianship (Give date and type)

Case closed January 1952

4. Changes in source of support (Give date and source)

*Parents assumed care support
in 1949.*

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
9-1-49	Parents Chas. + Sylvia	Charlottesville, Va. Stockwell.	X							X	

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
9-1-49	Parents Charles & Sylvia Stockwell	Clairborne, O.	X							X	

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

INSTITUTION AND AGENCY CARD

1. Name of child Stackwell - Beverly 2. Date accepted 7-30-49 3. Case No.
4. Status of case: Reopened: Case last closed Reopened: Case last closed New prior to this year within this year
5. Religion: Prot. R. C. G. C. Jew. Other None
6. Race: W N O 7. Sex: M F 8. Date of birth 11-4-47 9. Place of Birth Verified: Y N
10. Received from Juvenile Court County Union State or Country
Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement
11. How Received:
Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement
12. Name of father Stackwell - Charles 13. Address Chilbourn, O
14. Name of mother " - Sylvia 15. Address " "
16. Name of other guardian 17. Address
18. Whereabouts of child when accepted parents 19. Status of child's parents when accepted
20. Whereabouts of child's parents when accepted: } Father
} Mother
21. Assistance received by household: } At time of acceptance
} Within last two years
22. Notes: Parents couldnt live peacefully together & mother was lax in her care of children. They were brought in to be cleaned up. Had lice - sores etc. from lack of care.

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
9/1-49	Parents - Chas. + Sylvia	Clairborne Stockwell	X							X	

2. Reason for closing

3. Changes in guardianship (Give date and type)

Children placed with
parents on trial with
supervision

4. Changes in source of support (Give date and source)

INSTITUTION AND AGENCY CARD

1. Name of child Stackwell - Brenda Irene 2. Date accepted 7-30-49 3. Case No.

4. Status of case: Reopened: Case last closed Reopened: Case last closed New prior to this year within this year 5. Religion: Prot. R. C. G. C. Jew. Other None

6. Race: W N O 7. Sex: M F 8. Date of birth 12-18-46 9. Place of Birth: Verified: Y N

10. Received from Court County: State or Country: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement

11. How Received: 12. Name of father: 13. Address: 14. Name of mother: 15. Address: 16. Name of other guardian: 17. Address: 18. Whereabouts of child when accepted: 19. Status of child's parents when accepted: 20. Whereabouts of child's parents when accepted: } Father: } Mother: 21. Assistance received by household: } At time of acceptance: } Within last two years: 22. Notes: See Beverly's card

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
9-1-49	Charles Sylvia Stockwell	Clairborne, O.	X							X	

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

NAME **Ruth Anna Stratton**No. **720**DATE BORN **4-4-1914**DATE REC'D **7-26-28**FATHER **Harry Stratton**ADDRESS **Summerville-P.O. Peoria, O. R. 1**MOTHER **Florence Mary (Mitchell) Stratton**ADDRESS **Summerville-P.O. Peoria, O. R. 1**

REC'D FROM

TWP. OR CITY **Union**

CO.

MALE

* FEMALE

PROT.

R. C.

JEW

COLORED

* WHITE

ILLEG.

Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	Yes	7-26-28					
Admitted by Trustees or Managers		Temp.					
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

**Mother abusive, and not a proper place for her
to live.**

INSTITUTION AND AGENCY CARD

1. Name of child Stidham - Richard J. 2. Date accepted 9-23-46 3. Case No 1282
4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year..... within this year..... 5. Religion: Prot. R. C. G. C. Jew Other..... None
6. Race: W N O..... 7. Sex: M F 8. Date of birth 7-7-32 Verified: Y N 9. Place of birth Champaign Co. N. Lewisburg State or country
10. Received from: Milford Center - Union County Ohio Juvenile Court State or country
Temporary Permanent Temporary Permanent Voluntary
11. How received: commitment..... surrender..... agreement.....
12. Name of father Stidham - Richard 13. Address Milford Center, O
14. Name of mother Gladys 15. Address Plain City, "
16. Name of other guardian..... 17. Address.....
18. Whereabouts of child when accepted with father 19. Status of child's parents when accepted.....
20. Whereabouts of child's parents when accepted: { Father living in Milford Center, O
Mother Plain City, O
21. Assistance received by household: { At time of acceptance.....
Within last two years.....
22. Notes:

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
4/47	Parents	Melford Center									X
	Taken to B.S.S.										

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

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.....

NAME **Snyder-Bertha Joan**No. **992**DATE BORN **5-20-31**DATE REC'D **4-23-38**FATHER **Chas. Wm. Snyder**LIVING **DEAD**ADDRESS **Unknown**MOTHER **Marguerite Eailey**LIVING **DEAD**ADDRESS **Women's Reformatory**REC'D FROM **Marysville**

TWP. OR CITY

CO.

MALE
 * FEMALE
 * PROT.
 R. C.
 JEW
 COLORED
 * WHITE
 ILLEG.
 A Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			
				By Fath.	By Moth.	By Guard.	TERMS
Committed by Juv. Court	4-23-38	Temp.					
Admitted by Trustees or Managers							
Surrendered by <input checked="" type="checkbox"/> Father Mother							

CAUSE OF DEPENDENCY

The said child does not have a suitable home at the present time, Mother in Women's F Reformatory.

	DATE	WITH WHOM	ADDRESS
PLACED	Oct-28-40	Daron ⁹ May Stanford - Aunt + Uncle	Perrysylvania O.
RETURNED		Married the summer of 1949	Visited Home, talked
REPLACED		with mation, with father in regard to manging	
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
12/1-40	mation	Child happy -			
6-41					
12-41	"	visited CH. Satisfactory			
1942	"				
1943					

NAME Charles Tanner

No. 798

* MALE
* FEMALE
* PROT.
R. C.
JEW
COLORED
* WHITE
ILLEG.
Nationality
A.

DATE BORN 2-26-19

DATE REC'D 7-2-31

FATHER Bump Tanner

LIVING

~~DEAD~~

ADDRESS Columbus, O. (Work House)

MOTHER Maud Tanner

LIVING

~~DEAD~~

ADDRESS Quincy, O. Box 63

REC'D FROM Richwood

TWP. OR CITY

Union

CO.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	7-2-31		Per.	Yes			\$5.00 per
Admitted by Trustees or Managers							Wk.
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father in Columbus Work House-Mother unable to
support children.

NAME	Kenneth Tanner		No.	798	* MALE
DATE BORN	12-4-28	DATE REC'D	7-2-31		* FEMALE
FATHER	Bump Tanner	LIVING	DEAD		* PROT.
ADDRESS	Columbus, O. (Work House)				R. C.
MOTHER	Maud Tanner	LIVING	DEAD		JEW
ADDRESS	Quincy, O. Box 63				COLORED
REC'D FROM	Richwood	TWP. OR CITY	Union	CO.	* WHITE
					ILLEG.
					Nationality
					A.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	7-2-31		Per.	Yes			\$5.00
Admitted by Trustees or Managers							per week.
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father in Columbus, Work House:

Mother unable to support children:

NAME **Tanner- Mary** No. **798**
 DATE BORN **2-7-24** DATE REC'D **9-27-31**
 FATHER **Bump Tanner** LIVING **DEAD***
 ADDRESS **Richwood, O.**
 MOTHER **Maud Mc. Farley Tanner** LIVING **DEAD**
 ADDRESS **Richwood**
 REC'D FROM **Richwood** TWP. OR CITY **Union** CO.

MALE
 *FEMALE
 *PROT.
 R. C.
 JEW
 COLORED
 *WHITE
 ILLEG.
 Nationality
A.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			
				By Fath.	By Moth.	By Guard.	TERMS
Committed by Juv. Court	9-27-31	Temp.		Yes			\$1.00 per wk
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

The parents do not provide a suitable home and proper care. Father shiftless and lazy:

NAME **Paul Tanner**No. **798*** MALE
* FEMALE
* PROT.
R. C.
JEW
COLORED
* WHITE
ILLEG.
Nationality
A.DATE BORN **7-25-22**DATE REC'D **7-2-31**FATHER **Bump Tanner**

LIVING

AD

ADDRESS **Columbus, O. (Work House)**MOTHER **Maud Tanner**

LIVING

AD

ADDRESS **Quincy, O. Box 63**REC'D FROM **Richwood**

TWP. OR CITY

Union

CO.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	7-2-31		Per.	Yes			\$5.00
Admitted by Trustees or Managers							per week.
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father in Columbus Work House-**Mother unable to support children.**

DATE

WITH WHOM

ADDRESS

PLACED

8/6/31

Ran Away

RETURNED

REPLACED

RETURNED

REPLACED

RETURNED

REPLACED

RETURNED

RECORD OF VISITS

DATE

BY WHOM

REMARKS

DATE

BY WHOM

REMARKS

NAME	Ralph Tanner		No.	798	* MALE
DATE BORN	12-22-15	DATE REC'D	7-2-31		* FEMALE
FATHER	Bump Tanner	LIVING		DEAD	* PROT.
ADDRESS	Columbus, O. (Work House)				R. C.
MOTHER	Maud Tanner	LIVING		DEAD	JEW
ADDRESS	Quincy, O. Box 63				COLORED
REC'D FROM	Richwood	TWP. OR CITY	Union	CO.	* WHITE
					ILLEG.
					Nationality
					A.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	7-2-31		Per.	Yes			\$5.00 per wk
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father in Columbus Work House-Mother unable
to support children.

NAME **Ray Tanner** No. **798**
 DATE BORN **1-21-26** DATE REC'D **7-2-31**
 FATHER **Bump Tanner** LIVING ~~DEAD~~
 ADDRESS **Columbus, O. (Work House)**
 MOTHER **Maud Tanner** LIVING ~~DEAD~~
 ADDRESS **Quincy, O. Box 63**
 REC'D FROM **Richwood** TWP. OR CITY **Union** CO.

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality
A.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Court	7-2-31		Per.	Yes			\$5.00
Admitted by Trustees or Managers							per week.
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father in Columbus Work House:

Mother unable to support children:

1-3-47 Father died in Monroe, Mich.

Name Virginia Maxine Tanner Date rec'd 1/13/37

Birth date 8/30/30 Birthplace Richwood, Ohio

Legal residence: State Ohio County Union City Richwood

Father Freeman, K. Tanner Address Richwood, Ohio

Mother Maude Tanner Address Richwood, Ohio

Father
Step Mother Address

Occurrence: New * Old Recurrent

Legal Status: Permanent * Temporary * Court committed *

Surrendered by—Father Mother No surrender

Otherwise (specify) Court Action (Com. Pleas)

Received for aid or service: with change of domicile

without change of domicile

Support by: County City

Parents: In full Partial By Father

Otherwise (specify)

✓
M. * F.
W. C.
* Protestant
* Catholic
* Jewish
* Legitimate
* Illegitimate
* Foundling
* Nationality
A Fa.
A Mo.

Dependent
* Neglected
Delinquent
Crippled
Defective
mentally
Mother's aid

Father dead
Mother dead
Full orphan
Fa. deserted
Mo. deserted
Divorced
* Separated
Fa. in Insti.
Mo. in Insti.

No support
* Broken home
* Unfit home

Mrs. T. J.

NAME *Tatman, Ralph* NO.
 DATE BORN *4-11-01* DATE REC'D *8-6-12*
 FATHER *Lora Tatman* LIVING-DEAD
 ADDRESS
 MOTHER *Manda Almeda Mulvaine* LIVING-DEAD
 ADDRESS
 REC'D FROM *Richwood* TWP. OR CITY **UNION** CO.
 MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers	<i>8-6-12</i>						
Surrendered by <input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Mother died.
of age.

	DATE	WITH WHOM	ADDRESS
PLACED	8-21-12	J. W. Trout	Pharisburg, O.
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
8- -13	Supt. & Trus.				
10-4-14	"				
8-23-16	"				
6-21-17	"				
8-8-18	"	Ralph went in war to France.			
11-28-19	Supt	Good			
6-28-20	Supt.	Good.			

NAME *Rosa Belle Tienlon* NO. *28*
 DATE BORN *Feb. 7, 1907* DATE REC'D *Feb. 15, 1919*
 FATHER *Thomas Tienlon* LIVING-DEAD
 ADDRESS
 MOTHER *Mary Stettler* LIVING-DEAD
 ADDRESS *DeCATUR Ill.*
 REC'D FROM *Richwood* TWP. OR CITY **UNION** CO.

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>Feb. 15¹⁹¹⁹</i>						
Admitted by Trustees or Managers							
Surrendered by <input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Parents separated

	DATE	WITH WHOM	ADDRESS
PLACED	May 31. 1919.	Grandparents	Richwood O
RETURNED		Wm Fausnaugh.	
REPLACED			
RETURNED	9-6-'20		
REPLACED	4-27-'21	Mr. + Mrs. Asa Grandell,	Marysville, O.
RETURNED	6/13-21	Returned to Home	
REPLACED	9/2-21	Discharged with Grandmother	Richwood, O.
RETURNED		Returned to mother.	

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
11-6-'19	Trustees.	Good.			
6-30-'20	Supt.	Good			

INSTITUTION AND AGENCY CARD

1. Name of child Betty June Thew 2. Date accepted 6/24-1940 3. Case No.

4. Status of case: New Reopened: Case last closed prior to this year Reopened: Case last closed within this year 5. Religion: Prot. R. C. G. C. Jew Other None

6. Race: W N O 7. Sex: M F 8. Date of birth 9-28-36 9. Place of birth Marion, O

10. Received from: Union - Richwood County Ohio State or country

11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement

12. Name of father Herman Thew 13. Address West Mansfield, O

14. Name of mother Celia 15. Address Richwood

16. Name of other guardian 17. Address

18. Whereabouts of child when accepted with mother 19. Status of child's parents when accepted divorced

20. Whereabouts of child's parents when accepted: { Father Working on W. P. A. West Mansfield O
Mother Living with Nick Brodovich Richwood

21. Assistance received by household: { At time of acceptance W. P. A. Suppl. Com. Direct Relief
Within last two years same

22. Notes: Father giving mother 1/2 his wages for care of children
Mother apparently using it for other purposes.

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
Oct 15 '40	Frank & Margaret Perrin	Springfield O				X				X	
1941	Adopted - discharged from Ch. Home files										

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

Ruth & Betty Thew placed permanently
under the guardianship of the Union Ch.
Home by Juvenile Court Oct. 14, 1940

4. Changes in source of support (Give date and source)

Foster Home - 10-15-40.

INSTITUTION AND AGENCY CARD

1. Name of child ^{Mae} Illa, Thew 2. Date accepted 5-30-1940 3. Case No.

4. Status of case: Reopened: Case last closed (New) prior to this year. Reopened: Case last closed within this year. 5. Religion: Prot. R. C. G. C. Jew Other None

6. Race: W N O W 7. Sex: M F 8. Date of birth 3-3-1932 Verified: Y N 9. Place of birth Maine Co.

10. Received from: Richwood County Union State or country

11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement

12. Name of father Herman Thew 13. Address West Mansfield

14. Name of mother Celia Thew 15. Address Richwood

16. Name of other guardian 17. Address

18. Whereabouts of child when accepted With mother 19. Status of child's parents when accepted divorced

20. Whereabouts of child's parents when accepted: { Father Working on W.P.A. in West Mansfield
Mother Living with Nick Budnich - Richwood

21. Assistance received by household: { At time of acceptance W.P.A. wages, Surplus Com. Direct Relief
Within last two years

22. Notes:

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
10-11-42	Parents Herman & Alia Thew	Marion, O	X								X

2. Reason for closing... *Order of J. C.*

3. Changes in guardianship (Give date and type)
10-11-42 - Parents

4. Changes in source of support (Give date and source)
10-11-42 - Parents

INSTITUTION AND AGENCY CARD

1. Name of child Robert Eugene Thew 2. Date accepted May 24 '40 3. Case No.

4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year..... within this year..... 5. Religion: Prot. R. C. G. C. Jew Other..... None

6. Race: W N O..... 7. Sex: M F 8. Date of birth 2-28-29 Verified: Y N 9. Place of birth Marion O.

10. Received from: Union - Richwood County Marion Ohio State or country

11. How received: Temporary commitment Permanent commitment..... Temporary surrender..... Permanent surrender..... Voluntary agreement.....

12. Name of father Herman Thew 13. Address West Mansfield O.

14. Name of mother Celia " " 15. Address Richwood O.

16. Name of other guardian..... 17. Address.....

18. Whereabouts of child when accepted with mother 19. Status of child's parents when accepted separated

20. Whereabouts of child's parents when accepted: { Father Working on W. P. A. West Mansfield O.
Mother Living with Nick Brodnick Richwood O.

21. Assistance received by household: { At time of acceptance W. P. A. wages, Surplus Com. Relief
Within last two years same

22. Notes: Father giving mother 1/2 his wages for care of children. Mother apparently using it for other purposes.

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
10-11-42	Herman + Celia Thew	Marian, O	X								X

2. Reason for closing *Order of J. C.*

3. Changes in guardianship (Give date and type)

10-11-42 - Parents

4. Changes in source of support (Give date and source)

10-11-42 - Parents

INSTITUTION AND AGENCY CARD

1. Name of child Ruth Elmira Thew 2. Date accepted May-24-1940 3. Case No.

4. Status of case: New Reopened: Case last closed prior to this year. Reopened: Case last closed within this year. 5. Religion: Prot. R. C. G. C. Jew Other None

6. Race: W N O 7. Sex: M F 8. Date of birth 9-28-36 9. Place of birth Marion

10. Received from: Richwood - Union County Ohio State or country

11. How received: Temporary commitment. Permanent commitment. ~~Temporary~~ surrender. Permanent surrender. Voluntary agreement.

12. Name of father Herman Thew 13. Address West Mansfield, O

14. Name of mother Celia 15. Address Richwood

16. Name of other guardian..... 17. Address

18. Whereabouts of child when accepted with mother 19. Status of child's parents when accepted divorced

20. Whereabouts of child's parents when accepted: { Father Working on W. P. A. West Mansfield O
Mother Living with Nick Broderick Richwood O.

21. Assistance received by household: { At time of acceptance W. P. A. Surplus Com. Direct Relief
Within last two years. same

22. Notes: Father giving mother 1/2 his wages for care of children
mother apparently using it for other purposes.

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
4/3-40	Mr. & Mrs. Carl Munn	Gd. Rd. Cal. O.				X					
1941	Adopted -	Discharged from Ch. Home									

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

Com. changed to permanent by
juvenile court. Oct. 14, 1940

4. Changes in source of support (Give date and source)

INSTITUTION AND AGENCY CARD

1. Name of child Thompson, Edward Carter 2. Date accepted 4-1-1942 3. Case No. 1140
4. Status of case: Reopened: Case last closed _____ Reopened: Case last closed _____
New X prior to this year X within this year 5. Religion: Prot. X R. C. G. C. Jew Other _____ None
6. Race: W N O _____ 7. Sex: M F X 8. Date of birth 1-13-30 ~~1-2-42~~ Verified: Y N X 9. Place of birth York Center, O
10. Received from: Juvenile Court, Mansville, O. Marion Co. State or country _____
Temporary commitment X Permanent commitment _____ Temporary surrender _____ Permanent surrender _____ Voluntary agreement _____
11. How received: _____
12. Name of father: Emmett T. Thompson 13. Address: Aircus, Ill.
14. Name of mother: Hayd T. Thompson 15. Address: Peoria, Ohio
16. Name of other guardian _____ 17. Address _____
18. Whereabouts of child when accepted: with mother 19. Status of child's parents when accepted _____
20. Whereabouts of child's parents when accepted: { Father: Aircus - Ill.
Mother: Peoria - Ohio
21. Assistance received by household: { At time of acceptance _____
Within last two years _____
22. Notes: see Emmett's card

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
8/24-4/3	Parents	Chicago Ill	X								X

2. Reason for closing.....

Order of the Probate Court

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

Name Thompson Emmet Date rec'd 8/19/38

Birth date 8/11/35 Birthplace Watkins, OHIO

Legal residence: State O. County UNION City

Father Emmet Carter Thompson Address Marysville, O. RD5

Mother Eva Hazel Rustler Address " RD5

Father

Step Mother

Address

Occurrence: New * Old

Recurrent

Legal Status: Permanent

Temporary * Court committed *

Surrendered by: Father

Mother

No surrender

Otherwise (specify) Trustees-Paris Twp.

Received for aid or service: with change of domicile

without change of domicile *

Support by: County * City

Parents: In full

Partial

Otherwise (specify)

M. F.

W. C.

Protestant

Catholic

Jewish

Legitimate

Illegitimate

Foundling

Nationality

Fa.

Mo.

Dependent

Neglected

Delinquent

Crippled

Defective

mentally

Mother's Aid

Father dead

Mother dead

Full orphan

Fa. deserted

Mo. deserted

Divorced

Separated

Fa. in Insti.

Mo. in Insti.

No support

Broken home

Unfit home

INSTITUTION AND AGENCY CARD

1. Name of child T. Thompson, Mary Joe 2. Date accepted 4-1-1942 3. Case No. 1140
4. Status of case: Reopened: Case last closed Reopened: Case last closed
New.....prior to this year X.....within this year 5. Religion: P R. C. G. C. Jew Other.....None
6. Race: X W N O 7. Sex: M F 8. Date of birth 9-30-28 Verified: X Y N 9. Place of birth Flint-Michigan
State or country
10. Received from Juvenile Court - Mansfield, Columbus Co.
Temporary commitment X Permanent commitment..... Temporary surrender..... Permanent surrender..... Voluntary agreement.....
11. How received: X Temporary commitment..... Permanent commitment..... Temporary surrender..... Permanent surrender..... Voluntary agreement.....
12. Name of father Emmett T. Thompson 13. Address Cicew - Ill
14. Name of mother Aazel T. Thompson 15. Address Peoria, Ohio
16. Name of other guardian..... 17. Address.....
18. Whereabouts of child when accepted with mother 19. Status of child's parents when accepted temp rep
20. Whereabouts of child's parents when accepted: { Father Cicew - Ill
Mother Peoria, Ohio
21. Assistance received by household: { At time of acceptance.....
Within last two years.....
22. Notes: See Emmett's card

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
8/24-43	Parents	Chicago Ill	X								X

2. Reason for closing... *Order of the Probate Court*

3. Changes in guardianship (Give date and type)

.....

.....

.....

4. Changes in source of support (Give date and source)

.....

.....

.....

Name..... **THOMPSON Mary Josephine** Date rec'd..... **8/19/38**

Birth date..... **9/30/28** Birthplace..... **Flint Michigan**

Legal residence: State..... **Ohio** County..... **Union** City.....

Father..... **Emmet Carter Thompson** Address..... **Marysville, O. RD5**

Mother..... **Eva Hazel Rustler** Address..... **" RD5**

Father.....

Step Mother..... Address.....

Occurrence: New..... * Old..... Recurrent.....

Legal Status: Permanent..... Temporary..... * Court committed..... *

Surrendered by: Father..... Mother..... No surrender.....

Otherwise (specify) **Trustees-Paris Twp.**

Received for aid or service: with change of domicile

without change of domicile.....

Support by: County..... * City.....

Parents: In full..... Partial.....

Otherwise (specify)

M. F.

W. C.

Protestant

Catholic

Jewish

Legitimate

Illegitimate

Foundling

Nationality

Fa.

Mo.

Dependent

Neglected

Delinquent

Crippled

Defective

mentally

Mother's Aid

Father dead

Mother dead

Full orphan

Fa. deserted

Mo. deserted

Divorced

Separated

Fa. in Insti.

Mo. in Insti.

No support

Broken home

Unfit home

INSTITUTION AND AGENCY CARD

1. Name of child Thompson - Roger 2. Date accepted 4-21-40 3. Case No. 1222

4. Status of case: Reopened: Case last closed _____ Reopened: Case last closed _____
New prior to this year _____ within this year _____ 5. Religion: Prot. R. C. G. C. Jew Other _____ None

6. Race: W N O 7. Sex: M F 8. Date of birth 8-5-38 9. Place of birth Plain City, O.

10. Received from: Juvenile Court County Union Co. State or country _____

11. How received: Temporary commitment Permanent commitment _____ Temporary surrender _____ Permanent surrender _____ Voluntary agreement _____

12. Name of father Thompson - Charles 13. Address Plain City, O.

14. Name of mother " Ethel 15. Address Deceased

16. Name of other guardian - 17. Address _____

18. Whereabouts of child when accepted with father 19. Status of child's parents when accepted mother dec.

20. Whereabouts of child's parents when accepted: { Father Working in Col. Trimpkin Rollin Beauty
Mother Deceased

21. Assistance received by household: { At time of acceptance -
Within last two years -

22. Notes: _____

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
Aug. 1946	C. A. Thompson	Cal. Ohio	X								X

2. Reason for closing

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

Name THOMPSON Rose Marageret Date rec'd. 8/19/38

Birth date 3/6/33 Birthplace Bellefontaine, Ohio

Legal residence: State O. County Union City

Father Emmet Carter Thompson Address Marysville, O. RD5

Mother Eva Hazel Rustler Address " RD5

Father

Step Mother Address

Occurrence: New * Old Recurrent

Legal Status: Permanent Temporary * Court committed *

Surrendered by Father Mother No surrender

Otherwise (specify) Trustees Paris Twp.

Received for aid or service: with change of domicile

without change of domicile *

Support by: County * City

Parents: In full Partial

Otherwise (specify)

N

M. * F.

* W. C.

* Protestant

Catholic

Jewish

* Legitimate

Illegitimate

Foundling

Nationality

A Fa.

Mo.

* Dependent

Neglected

Delinquent

Crippled

Defective

mentally

Mother's Aid

Father dead

Mother dead

Full orphan

Fa. deserted

Mo. deserted

Divorced

Separated

Fa. in Insti.

Mo. in Insti.

No support

* Broken home

Unfit home

INSTITUTION AND AGENCY CARD

1. Name of child..... T. Thompson - Rose Margaret 2. Date accepted..... 4-1-1942 3. Case No. 1140
4. Status of case: Reopened: Case last closed Reopened: Case last closed
New..... prior to this year within this year..... 5. Religion: Prot. R. C. G. C. Jew Other..... None
6. Race: W N O..... 7. Sex: M F..... 8. Date of birth..... 3-6-1933 Verified: Y N..... 9. Place of birth..... Bellefontaine, O.
10. Received from..... Juvenile Court Union County..... Marshall State or country.....
Temporary Permanent
11. How received: commitment..... commitment..... surrender..... surrender..... Voluntary agreement.....
12. Name of father..... Emmett T. Thompson 13. Address..... Cicero - Ill
14. Name of mother..... Hazel T. Thompson 15. Address..... Peoria, O.
16. Name of other guardian..... 17. Address.....
18. Whereabouts of child when accepted..... with mother 19. Status of child's parents when accepted..... Temp. separated
20. Whereabouts of child's parents when accepted: { Father..... Cicero Ill
Mother..... Peoria - Ohio
21. Assistance received by household: { At time of acceptance.....
Within last two years.....
22. Notes: See Emmett's card

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
9/24-43	Parents	Chicago Ill	X								X

2. Reason for closing... *Order of the Probate Court*

3. Changes in guardianship (Give date and type)

.....

.....

.....

4. Changes in source of support (Give date and source)

.....

.....

.....

INSTITUTION AND AGENCY CARD

1. Name of child Thompson, Emmett 2. Date accepted 4-1-1942 3. Case No. 1140

4. Status of case: Reopened: Case last closed Reopened: Case last closed New prior to this year within this year 5. Religion: Prot. R. C. G. C. Jew Other None

6. Race: W N O 7. Sex: M F 8. Date of birth 8-11-35 Verified: Y N 9. Place of birth Watkins, Union Co. O.

10. Received from: Juvenile Court, Maypsville County Ohio - Liberty Township State or country

11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement

12. Name of father Emmett T. Thompson 13. Address Cicew - Ill

14. Name of mother Hazel T. Thompson 15. Address Peoria, Ohio

16. Name of other guardian _____ 17. Address _____

18. Whereabouts of child when accepted with mother 19. Status of child's parents when accepted temp. separated

20. Whereabouts of child's parents when accepted: { Father Cicew - Ill
Mother Peoria, Ohio

21. Assistance received by household: { At time of acceptance _____
Within last two years _____

22. Notes: Father in Ill. to find work, stopped sending money at Christmas time. Mother had no means of support.

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
8/24-43	Parents	- 4114 Ogden Ave., Chicago Ill	X								X

2. Reason for closing..... *Order of the Probate Court*

3. Changes in guardianship (Give date and type)

.....

.....

.....

4. Changes in source of support (Give date and source)

.....

.....

.....

INSTITUTION AND AGENCY CARD

1. Name of child Thoyse - Janie 2. Date accepted 12-23-39 3. Case No. _____

4. Status of case: Reopened: Case last closed + Reopened: Case last closed +
New + prior to this year within this year 5. Religion: Prot. R. C. G. C. Jew Other None

6. Race: W N O 7. Sex: M F 8. Date of birth 10-24-35 Verified: Y N 9. Place of birth Marysville - O.

10. Received from: Delaware - County Ohio State or country _____

11. How received: Temporary commitment Permanent commitment ++ Temporary surrender Permanent surrender Voluntary agreement X

12. Name of father Thoyse - Pearl 13. Address Marysville O.

14. Name of mother Ruth 15. Address Delaware "

16. Name of other guardian 17. Address _____

18. Whereabouts of child when accepted 19. Status of child's parents when accepted divorced

20. Whereabouts of child's parents when accepted: { Father Marysville - O.
Mother Delaware "

21. Assistance received by household: { ~~At time of acceptance.~~ Mother left ch. in home for week-end visit
~~Within last two years.~~ with bro. & sis. did not return for her until

22. Notes: Notified to do so. Entered into agreement with Board of C.H. to leave child for a few weeks. Trustees kept child for almost a year, wrote asked mother if she had any plans for child, telling her she could

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
7/15-71	See Court records										

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

He placed in foster home. Rec'd
 no reply from mother. She was then
 notified by the Court & a permanent commitment made to the C. Home
 of the child. Later placed in foster home.

Name **James Thorpe** Date rec'd **12/8/37**

Birth date **9/10/29** Birthplace **Marysville, O.**

Legal residence: State **Ohio** County **Union** City **Marysville**

Father **Pearl Thorpe** Address **Plain City, Ohio**

Mother **Ruth Mitchell Thorpe** Address **Delaware, Ohio**

Father Address

Step Mother Address

Occurrence: New *u* Old Recurrent

Legal Status: Permanent Temporary Court committed

Surrendered by—Father Mother No surrender

Otherwise (specify)

Received for aid or service: with change of domicile

without change of domicile

Support by: County City

Parents: In full

Partial **Father—\$5.00Wk.T.**

Otherwise (specify)

✓

* M. F.

* W. C.

* Protestant

Catholic

Jewish

* Legitimate

Illegitimate

Foundling

Nationality

A Fa.

A Mo.

* Dependent

Neglected

Delinquent

Crippled

Defective

mentally

Mother's aid

Father dead

Mother dead

Full orphan

Fa. deserted

Mo. deserted

* Divorced

Separated

Fa. in Insti.

Mo. in Insti.

* No support

* Broken home

Unfit home

Name **Roger Thorpe** Date rec'd **12/8/37**

Birth date **6/8/31** Birthplace **Marysville, Ohio**

Legal residence: State **Ohio** County **Union** City **Marysville,**

Father **Pearl Thorpe** Address **Plain City, Ohio**

Mother **Ruth Mitchell Thorpe** Address **Delaware, Ohio**

Father
Step Mother Address

Occurrence: New * Old Recurrent

Legal Status: Permanent Temporary * Court committed *

Surrendered by-Father * Mother * No surrender

Otherwise (specify)

Received for aid or service: with change of domicile
without change of domicile *

Support by: County * City

Parents: In full Partial **Father-\$5.00Wk.T.**

Otherwise (specify)

√

* M. F.
* W. C.
* Protestant
Catholic
* Jewish
Legitimate
* Illegitimate
Foundling
Nationality
a Fa.
A Mo.

* Dependent
* Neglected
Delinquent
Crippled
Defective
mentally
Mother's aid

Father dead
Mother dead
Full orphan
Fa. deserted
Mo. deserted
* Divorced
Separated
Fa. in Insti.
Mo. in Insti.

* No support
Broken home
Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Rela- tives	Own home	Board home	Free home	Wage home	Insti- tution	Financ. care	Super- vision	Dis- charged
12/24-40	Don Shantz	Richwood O.				X					
3-41	Returned to Ch. Home										
1942	Lila Newbore	Arkansas Ohio				X					
1944	Returned to Home										
1946	Placed in Sisters Home	Mansfield, O.	X								

v	At Acceptance child living with	Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.
L	Both parents Father Mother Father and step mo. Mother and step fa. Relatives Institution Other (specify)	Couldn't make proper adjustment in foster home 1944-

Name **Katheryn Louis Thorpe** Date rec'd **12/8/37**

Birth date **5/1/26** Birthplace **Marysville, Ohio**

Legal residence: State **O.** County **Union** City **Marysville**

Father **Pearl Thorpe** Address **Plain City, Ohio**

Mother **Ruth Mitchell Thorpe** Address **Delaware, Ohio**

Father
Step Mother Address

Occurrence: New * Old Recurrent

Legal Status: Permanent * Temporary * Court committed *

Surrendered by-Father * Mother * No surrender

Otherwise (specify)

Received for aid or service: with change of domicile
without change of domicile *

Support by: County * City

Parents: In full Partial **Father-\$5.00 Wk.T.**

Otherwise (specify)

M. * F.
 W. C.
 * Protestant
 Catholic
 Jewish
 * Legitimate
 Illegitimate
 Foundling
 Nationality
 A Fa.
 A Mo.
 * Dependent
 Neglected
 Delinquent
 Crippled
 Defective
 mentally
 Mother's aid
 Father dead
 Mother dead
 Full orphan
 Fa. deserted
 Mo. deserted
 * Divorced
 Separated
 Fa. in Insti.
 Mo. in Insti.
 * No support
 * Broken home
 Unfit home

Name **Constance Ann Thorpe** Date rec'd **12/8/37**
 Birth date **4/19/25** Birthplace **Marysville, Ohio**
 Legal residence: State **0.** County **Union** City **Marysville**
 Father **Pearl Thorpe** Address **Plain City, O.**
 Mother **Ruth Mitchell Thorpe** Address **Delaware, O.**
 Father
 Step Mother Address
 Occurrence: New * Old Recurrent
 Legal Status: Permanent Temporary * Court committed *
 Surrendered by—Father Mother * No surrender
 Otherwise (specify)
 Received for aid or service: with change of domicile
 without change of domicile *
 Support by: County * City
 Parents: In full Partial **Father—\$5.00 Wk. T.**
 Otherwise (specify)

✓
 M. *F.
 * W. C.
 * Protestant
 Catholic
 Jewish
 * Legitimate
 Illegitimate
 Foundling
 Nationality
 A Fa.
 A Mo.
 * Dependent
 Neglected
 Delinquent
 Crippled
 Defective
 mentally
 Mother's aid
 Father dead
 Mother dead
 Full orphan
 Fa. deserted
 Mo. deserted
 * Divorced
 Separated
 Fa. in Insti.
 Mo. in Insti.
 No support
 * Broken home
 Unfit home

Name **Winifred Thorpe** Date rec'd **12/8/37**
 Birth date **3/6/23** Birthplace **Marysville, O.**
 Legal residence: State **O.** County **Union** City **Marysville**
 Father **Pearl Thorpe** Address **Plain City, O.**
 Mother **Ruth Mitchell Thorpe** Address **Delaware, O.**
 Father
 Step Mother Address
 Occurrence: New * Old Recurrent
 Legal Status: Permanent Temporary * Court committed *
 Surrendered by-Father Mother * No surrender
 Otherwise (specify)
 Received for aid or service: with change of domicile
 without change of domicile *
 Support by: County * City
 Parents: In full Partial **Father-5.00 Wk.**
 Otherwise (specify)

v
 M. * F.
 W. C.
 * Protestant
 Catholic
 Jewish
 * Legitimate
 Illegitimate
 Foundling
 Nationality
 A Fa.
 A Mo.
 * Dependent
 Neglected
 Delinquent
 Crippled
 Defective
 mentally
 Mother's aid
 Father dead
 Mother dead
 Full orphan
 Fa. deserted
 Mo. deserted
 * Divorced
 Separated
 Fa. in Insti.
 Mo. in Insti.
 No support
 * Broken home
 Unfit home

NAME *Chas. Tillman* NO. *30* < MALE
 DATE BORN *1-1-1908* DATE REC'D. *8-12-1919* < FEMALE
 FATHER *Andrew Jackson Tillman* ~~LIVING-DEAD~~ < PROT.
 ADDRESS R. C.
 MOTHER *Estella Johnson Tillman* LIVING-DEAD < JEW
 ADDRESS *Plain City* < COLORED
 REC'D FROM *Arnold* TWP. OR CITY **UNION** CO. *A* < WHITE
 ILLEG. Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	< <i>8.12'19</i>				<i>" "</i>		<i>\$1.00 per week</i>
Admitted by Trustees or Managers	< <i>" " "</i>				<i>" "</i>		
Surrendered by ^{Father} Mother							

CAUSE OF DEPENDENCY

Poverty.

	DATE	WITH WHOM	ADDRESS
PLACED	5-2-'20.	Thomas A. Scott.	Columbus, Ohio.
RETURNED	7-9-'20	By " "	1856 Brydens
REPLACED		Placed with mother,	E. 6811.
RETURNED		March, 17, 1921.	
REPLACED			
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
5-1-'20	Juvenile Court Officer				Good.

NAME *Lola Tillman* NO. *29.* MALE
 DATE BORN *9-5-1905* DATE REC'D *8-12-'19* FEMALE
 FATHER *Andrew Jackson Tillman* ~~LIVING-DEAD~~ PROT.
 ADDRESS R. C.
 MOTHER *Estella Johnson Tillman* LIVING-DEAD JEW
 ADDRESS *Arnold, Ohio.* COLORED
 REC'D FROM *Arnold* TWP. OR CITY **UNION** CO. ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<i>\$1.00 per wk.</i>
Admitted by Trustees or Managers	<input checked="" type="checkbox"/>						
Surrendered by ^{Father} Mother							

CAUSE OF DEPENDENCY

Poverty. Father dead.

NAME *Melvin Tillman* NO. *32*
 DATE BORN *2-28-1912* DATE REC'D *Aug. 12. 1919*
 FATHER *Andrew Tillman* ~~LIVING-DEAD~~
 ADDRESS _____
 MOTHER *Estella Johnson Tillman* ~~LIVING-DEAD~~
 ADDRESS *Plain City*
 REC'D FROM *Arnold* TWP. OR CITY **UNION** CO. *A* Nationality

< MALE
 FEMALE
 < PROT.
 R. C.
 JEW
 COLORED
 < WHITE
 ILLEG.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>2 Aug. 12. 1919</i>				<i>2</i>	<i>\$1.00 per wk.</i>	
Admitted by Trustees or Managers							
Surrendered by ^{Father} Mother							

CAUSE OF DEPENDENCY

NAME *Raymond Tillman* NO. *31* < MALE
 DATE BORN *2-8-1918* DATE REC'D *Aug. 12. 1919* FEMALE
 FATHER *Andrew Jackson Tillman* ~~LIVING-DEAD~~ < PROT.
 ADDRESS R. C.
 MOTHER *Estella Johnson Tillman* ~~LIVING-DEAD~~ JEW
 ADDRESS *Plain City* < WHITE
 REC'D FROM *Arnold* TWP. OR CITY **UNION** CO. *A* ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>Aug. 12.</i>				<i>2</i>		<i>\$1.00 per wk.</i>
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Poverty.

NAME **Dale Tropp** No. **680** * **MALE**
 DATE BORN **Dec. 1 1917** DATE REC'D **April 29 1927** **FEMALE**
 FATHER **Marshall Tropp** **living** **PROT.**
 ADDRESS **Richwood Ohio** **R. C.**
 MOTHER **Laura Gandy Tropp** **Living** * **JEW**
 ADDRESS **Richwood Ohio** **COLORED**
 REC'D FROM **Claiborn** TWP. OR CITY **Union** CO. **A** **WHITE**
 Nationality **ILLEG.**

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	Yes 4-29-27	Per.					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father in County Home, Mother unable to care for Child

	DATE	WITH WHOM	ADDRESS
PLACED	7/5/28	Pride Fish	New Dover, O. R. 1
RETURNED	8/26/28	By " "	" "
REPLACED	6/19/29	Pride Fish	New Dover, O. R. 1
RETURNED	8-29-29	Returned from Pride Fish	" " "
REPLACED	1-19-31	H. U. Martin	Marysville, O. R. 1
RETURNED	32	Returned -	
REPLACED	1/2 - 33	" " " "	" " " "
RETURNED	" 37	Returned - working on farm at Lake View.	

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
3/23/31	Supt. M.	Good Home			
4/13-34	Mason.	Fair			Boy says he wants to stay in home until he graduates.
6/12-35	"	" "			
7/11-36	"	- -			
37	"	" "			
		Case closed - legal age - Jan '39			

NAME Helen Tropp

No. 680

DATE BORN Mar. 1. 1920,

DATE REC'D. April 29 1927 *

FATHER Marshall Tropp

* LIVING-DEAD *

ADDRESS Richwood Ohio

MOTHER Laura Gandy Tropp

LIVING-DEAD *

ADDRESS Richwood Ohio

REC'D FROM Claiborne

TWP. OR CITY

Union

CO. A

MALE
FEMALE
PROT.
R. C.
JEW
COLORED
WHITE
ILLEG.
Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
			By Fath.	By Moth.	By Guard.	

Committed by Juv. Ct. **Yes 4-29-27 Per.**

Admitted by Trustees or Managers

Surrendered by Father
Mother

CAUSE OF DEPENDENCY

Father in County Home, Mother unable to care for Child.

	DATE	WITH WHOM	ADDRESS
PLACED	6/14-39	Theodore Nicol Marysville #3	
RETURNED	10/26-39	Children's Home	
REPLACED	10-27-40	Mrs Ed. Freshwater	New Dover Ohio
RETURNED		Discharged from Home. 1941 - Legal age. intends	
REPLACED		to stay with Mrs Freshwater for present	
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
6/20-39	girl	visited home. For mo. well pleased with her.			

NAME	Pearl Tropp	No.	680	* MALE
DATE BORN	Mar, 31, 1923	DATE REC'D	April 29 1927	FEMALE
FATHER	Marshall Tropp		Living	PROT.
ADDRESS	Richwood Ohio			R. C.
MOTHER	Laura Gandy Tropp		Living	JEW
ADDRESS	Richwood Ohio			COLORED
REC'D FROM		TWP. OR CITY	Union	WHITE
				ILLEG.
				A Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	Yes	4-29-27	Per.				
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father in County Home, Mother unable to care for Child.

INSTITUTION AND AGENCY CARD

1. Name of child: Trux - Dorothy 2. Date accepted: 4-2-43 3. Case No. 1163

4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year within this year 5. Religion: Prot. R. C. G. C. Jew Other None

6. Race: W N O 7. Sex: M F 8. Date of birth: 9-4-33 9. Place of birth: Union Co. A. Raymond Ohio

10. Received from: Juvenile Court, May, 1943, Union Co. A. Raymond Ohio

11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement

12. Name of father: See Martha Joe's card 13. Address: _____

14. Name of mother: _____ 15. Address: _____

16. Name of other guardian: _____ 17. Address: _____

18. Whereabouts of child when accepted: _____ 19. Status of child's parents when accepted: _____

20. Whereabouts of child's parents when accepted: { Father: _____
Mother: _____

21. Assistance received by household: { At time of acceptance: _____
Within last two years: _____

22. Notes: Placed in the C.H. for care before commitment (Cleaning Apr 2)

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
10/16-43	Parents		X								X

2. Reason for closing..... *Order of The Probate Court*

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

INSTITUTION AND AGENCY CARD

1. Name of child *Truax, Martha Joe* 2. Date accepted *April 2-1943* 3. Case No. *1163*

4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year..... within this year..... 5. Religion: Prot. R. C. G. C. Jew Other..... None

6. Race: W N O..... 7. Sex: M F 8. Date of birth *4-3-35* 9. Place of birth..... Verified: Y N

10. Received from: *Juvenile Court - Mansfield, O. - Union Co. Raymond, O.* State or country

11. How received: Temporary commitment Permanent commitment..... Temporary surrender..... Permanent surrender..... Voluntary agreement.....

12. Name of father *Truax - Phillip* 13. Address *Liberty Twp - Union Co. O.*

14. Name of mother *Truax - Agnes* 15. Address " " " " " "

16. Name of other guardian..... 17. Address.....

18. Whereabouts of child when accepted *with mother* 19. Status of child's parents when accepted.....

20. Whereabouts of child's parents when accepted: { Father *10 E. Lane Ave Columbus*
Mother *Liberty Twp Union Co. O.*

21. Assistance received by household: { At time of acceptance.....
Within last two years.....

22. Notes: *Placed in C.H. pending hearing 4-2-43*

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
10/16-43 -9.	Parents		X								X
	Mr. & Mrs. Philip Truax	108 E. Lane Ave. Woodfield, Ohio Col. Ohio.									

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

INSTITUTION AND AGENCY CARD

1. Name of child Truax - Philip 2. Date accepted 4-2-43 3. Case No.
4. Status of case: Reopened: Case last closed Reopened: Case last closed
New.....prior to this year.....within this year..... 5. Religion: Prot. R. C. G. C. Jew Other.....None
6. Race: W N O..... 7. Sex: M F 8. Date of birth 5-10-39 9. Place of birth.....
10. Received from: Juvenile Court County Union State or country.....
11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement
12. Name of father Truax - Phillip 13. Address Liberty Twp. Union Co. O
14. Name of mother Agnes 15. Address.....
16. Name of other guardian..... 17. Address.....
18. Whereabouts of child when accepted Mother 19. Status of child's parents when accepted.....
20. Whereabouts of child's parents when accepted: { Father 18 E. Lane Ave Columbus, O
Mother Liberty Twp. Union Co. Ohio
21. Assistance received by household: { At time of acceptance.....
Within last two years.....
22. Notes:

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
10/16-43	Parents		X								X
	h.										

2. Reason for closing... *Order of The Probate Court*

3. Changes in guardianship (Give date and type)

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.....

.....

4. Changes in source of support (Give date and source)

.....

.....

.....

INSTITUTION AND AGENCY CARD

1. Name of child *Truax - Sara* 2. Date accepted *4-2-43* 3. Case No. *1163*
4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year within this year 5. Religion: Prot. R. C. G. C. Jew Other None
6. Race: W N O 7. Sex: M F 8. Date of birth *2-28-40* 9. Place of birth Verified: Y N
10. Received from: *Juvenile Court* County State or country
11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement
12. Name of father *See Martha Joe's card* 13. Address
14. Name of mother 15. Address
16. Name of other guardian 17. Address
18. Whereabouts of child when accepted 19. Status of child's parents when accepted
20. Whereabouts of child's parents when accepted: { Father
Mother
21. Assistance received by household: { At time of acceptance
Within last two years
22. Notes:

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
10/16 43	Parents		X								X

2. Reason for closing... *Order of the Probate Court*

3. Changes in guardianship (Give date and type)

.....

.....

.....

4. Changes in source of support (Give date and source)

.....

.....

.....



NAME *Dewey Van hooose* NO.
 DATE BORN *Dec. 17- '14.* DATE REC'D *Apr. 22. '19*
 FATHER *Marion Van hooose* LIVING-DEAD
 ADDRESS *Plain City*
 MOTHER *Emma Lyons Van hooose* LIVING-DEAD
 ADDRESS
 REC'D FROM *Plain City* TWP. OR CITY **UNION** CO. *a* Nationality

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>Apr. 22 '19</i>			<i>X</i>			<i>\$1.00 per wk.</i>
Admitted by Trustees or Managers	<i>7/26/23</i>		<i>Per. com.</i>				
Surrendered by Father Mother							

CAUSE OF DEPENDENCY

Home discontinued. Stepmother unable to support said child. Father in jail at Marysville.

	DATE	WITH WHOM	ADDRESS
PLACED	June-8-1919.	With Father.	
RETURNED	Sept. 21-1920.	Re-admitted	
REPLACED	July 10-21	Discharged with father	Plain City
RETURNED	Sept 26-23.	By Mrs Scott	
REPLACED	3/22/24	Father. M Vanhous	Plain City Ohio. on R. 38-1 mi from newed to Chukery C.A.
RETURNED			Bates Farm - 1 mi from Travis
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
11/13/28	Matron & Supt.	Fair Home			
2/27/30	" "	" "			
1/16/31	Supt.	Boy Left. Living with Uncle - John Vanhous			Ashville, O.

NAME *Mabelle Vanhooze* NO. *524*
 DATE BORN *Aug 1917* DATE REC'D. *Sept. 26-1923* MALE
 FATHER *Markus F Vanhooze* FEMALE
 ADDRESS *Powel. Ohio* PROT.
 MOTHER *Emma Lyons* R. C.
 ADDRESS *deceased* JEW
 REC'D FROM *Powel. O.* TWP. OR CITY *Delaware* CO. *G* COLORED
 ILLEG. Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct. <input checked="" type="checkbox"/>							
Admitted by Trustees or Managers							
Surrendered by <input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Stepmother unable to support said child. Father in county jail.

	DATE	Factor WITH WHOM	ADDRESS
PLACED	3/22/24	Marion Vanhose,	Plain City, Ohio.
RETURNED			on R. 38-1 Mi. from Chubbery
REPLACED			moved to Bates Farm - 1 mi. ^{C.O.}
RETURNED			from Irwin
REPLACED		Legal Ag.	
RETURNED		Case closed	7-27-39.
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
11/13/28	Matron & Supt.	Fair Home			
7/2/30	"	" "			
11/16/31	Supt.	" "			
33	" & Matron	" "			

Nellie Vanhooose

No.

MALE

DATE BORN 1-10-1909

DATE REC'D. 4-22- 1919

* FEMALE

FATHER Marion Vanhooose

LIVING-~~DEAD~~*

* PROT.

ADDRESS Plain City, Ohio.

R. C.

JEW

MOTHER Emma Lyons Vanhooose,

~~***DEAD~~

COLORED

ADDRESS deceased

* WHITE

ILLEG.

REC'D FROM Plain City, O. TWP. OR CITY UNION

CO. A Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	4-22-1919			X			\$ 1.00per Wk
Admitted by Trustees or Managers							
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Mother died

	DATE	WITH WHOM	ADDRESS
PLACED	6-8-1919	Father.	
RETURNED	9-21-1920	Re admitted	
REPLACED	6-23-1921.	Mrs Bidwell,	Milford Center, O.
RETURNED	11-23-1921.	returned to Home.	
REPLACED	11-26-1921.	returned to Father,	
RETURNED	9-19-23,	To G.I.S.	Deleware, Ohio.
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
	Matron	good home			
9-2-21	Supt,	Good Home			
		copy of card on file at Childrens Home by, L.J.P.			



NAME *Nellie Van hoose*

NO.

MALE

DATE BORN *1-10-1909*

DATE REC'D *Apr. 22, 1919*

FEMALE

FATHER *Marion Van hoose*

LIVING-DEAD

PROT.

ADDRESS *Plain City*

R. C.

MOTHER *Emmas Lyons Van hoose*

LIVING-DEAD

JEW

ADDRESS

COLORED

REC'D FROM *Plain City* TWP. OR CITY

UNION

WHITE

CO. *a* Nationality

ILLEG.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>Apr. 22 - 1919</i>			<i>X</i>			<i>\$1.00 per wk.</i>
Admitted by Trustees or Managers							
Surrendered by ^{Father} Mother							

CAUSE OF DEPENDENCY

Mother died

NAME *Opal Van hoose* NO. _____ MALE _____
 DATE BORN *Nov. 4, 1912* DATE REC'D *Apr. 22, 1919* FEMALE
 FATHER *Marion Van hoose* LIVING-DEAD _____ PROT.
 ADDRESS *Plain City* R. C. _____
 MOTHER *Emma Lytus Van hoose* LIVING-DEAD _____ JEW _____
 ADDRESS _____ COLORED _____
 REC'D FROM *Plain City* TWP. OR CITY _____ UNION _____ ILLEG. _____
 CO. *a* Nationality _____

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>Nov. 4, '12</i>			<i>X</i>			<i>1.00 per wk.</i>
Admitted by Trustees or Managers							
Surrendered by ^{Father} Mother							

CAUSE OF DEPENDENCY

	DATE	WITH WHOM	ADDRESS
PLACED	June, 8-1919	With Father.	
RETURNED	Sept. 21-1920	Re-admitted	
REPLACED	6/20/21	Miss Estel Reed	Clayborne, Ohio.
RETURNED	^{transferred}		
REPLACED	9-14-30	Friends Rescue Home	W. Broad St. Columbus, O.
RETURNED	12/15/31	Transferred To Edward Weisz	728 Linwood Ave. Columbus, O.
REPLACED	1-23-31	Transferred From Weisz Home To B.J.R.	Columbus, O. W. Broad
RETURNED	4-11-31	Transferred From B.J.R. to Convent of the Good Shepherd	Columbus, O.

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
8-30-21	Supt.	Trustees Good Home.			
7/19/22	Supt	matron. good.	5/20/30	"	"
1/23/23	Matron	good.			
7/31/24	"	"			
11/24/25	"	"			
7/27-27	Supt + Matron	Good Home			
11/5/28	"	good Home			
1/5/29	"	fine			

Discharged:

Legal Age;
10-4-33

Name **Edward L. Wagner** Date rec'd **5/26/36**

Birth date **3/14/30** Birthplace **Columbus, O.**

Legal residence: State **O.** County **Union** City

Father **Maurice B. Wagner** Address **Unknown**

Mother **Savannah** Address **County Home**

Father **Elmer E. Edmondson** Address
Step ~~Mother~~

Occurrence: New ***** Old Recurrent

Legal Status: Permanent Temporary ***** Court committed

Surrendered by-Father Mother No surrender

Otherwise (specify)

Received for aid or service: with change of domicile

without change of domicile

Support by: County ***** City

Parents: In full Partial

Otherwise (specify)

<input type="checkbox"/>	M.	<input type="checkbox"/>	F.
<input checked="" type="checkbox"/>	W.	<input type="checkbox"/>	C.
<input checked="" type="checkbox"/>	Protestant		
<input type="checkbox"/>	Catholic		
<input type="checkbox"/>	Jewish		
<input checked="" type="checkbox"/>	Legitimate		
<input type="checkbox"/>	Illegitimate		
<input type="checkbox"/>	Foundling		
<input type="checkbox"/>	Nationality		
<input type="checkbox"/>	Fa.		
<input type="checkbox"/>	Mo.		

<input checked="" type="checkbox"/>	Dependent
<input type="checkbox"/>	Neglected
<input type="checkbox"/>	Delinquent
<input type="checkbox"/>	Crippled
<input type="checkbox"/>	Defective
<input type="checkbox"/>	mentally
<input type="checkbox"/>	Mother's aid

<input type="checkbox"/>	Father dead
<input type="checkbox"/>	Mother dead
<input type="checkbox"/>	Full orphan
<input type="checkbox"/>	Fa. deserted
<input type="checkbox"/>	Mo. deserted
<input type="checkbox"/>	Divorced
<input type="checkbox"/>	Separated
<input checked="" type="checkbox"/>	Fa. in Insti.
<input type="checkbox"/>	Mo. in Insti.

<input checked="" type="checkbox"/>	No support
<input type="checkbox"/>	Broken home
<input type="checkbox"/>	Unfit home

Name Wanda Almeda Wagner Date rec'd 5/26/36
 Birth date 7/13/28 Birthplace Columbus, O.
 Legal residence: State Ohio County Union City _____
 Father Maurice B. Wagner Address Unknown
 Mother Savannah C. " Address County Home
 Step ~~father~~ Elmer E. Edmondson Address Junction City Brick Plant
 Occurrence: New * Old _____ Recurrent _____
 Legal Status: Permanent _____ Temporary * Court committed _____
 Surrendered by—Father _____ Mother _____ No surrender _____
 Otherwise (specify) _____
 Received for aid or service: with change of domicile _____
 without change of domicile _____
 Support by: County _____ * City _____
 Parents: In full _____ Partial _____
 Otherwise (specify) _____

- M.
- W.
- F.
- C.
- Protestant
- Catholic
- Jewish
- Legitimate
- Illegitimate
- Foundling
- Nationality
- Fa.
- Mo.

- Dependent
- Neglected
- Delinquent
- Crippled
- Defective
- mentally
- Mother's aid

- Father dead
- Mother dead
- Full orphan
- Fa. deserted
- Mo. deserted
- Divorced
- Separated
- Fa. in Insti.
- Mo. in Insti.

- No support
- Broken home
- Unfit home

NAME *Elden Leroy Webb.* NO.
 DATE BORN *June 24, 1914* DATE REC'D *Aug. 25, 1921.*
 FATHER *Shelby E. Webb.* LIVING-DEAD
 ADDRESS *unknown.*
 MOTHER *Mary S. Webb.* LIVING-DEAD
 ADDRESS *Milford Center, 0* UNION CO.
 REC'D FROM TWP. OR CITY CO. Nationality

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.					<input checked="" type="checkbox"/>		<i>what she is able</i>
Admitted by Trustees or Managers							
Surrendered by ^{Father} Mother							

CAUSE OF DEPENDENCY

Father abandoned the family.

NAME *Norma A. Webb* NO.
 DATE BORN *Feb. 10, 1916* DATE REC'D *Aug. 25, 1921* MALE
 FATHER *Shelby E. Webb* LIVING-~~DEAD~~ FEMALE
 ADDRESS *Unknown* R. C.
 MOTHER *Mary B. Webb* LIVING-~~DEAD~~ JEW
 ADDRESS *Milford Center* COLORED
 REC'D FROM TWP. OR CITY *UNION* CO. ILLEG.
 Nationality *9*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>8-25-21</i>						<i>what she is able</i>
Admitted by Trustees or Managers							
Surrendered by <input type="checkbox"/> Father <input type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Father abandoned the family.

NAME *Wilder M. Webb* NO.
 DATE BORN *July 11, 1912* DATE REC'D *Aug. 25, 1921* MALE
 FATHER *Shelby E. Webb* LIVING-~~DEAD~~ FEMALE
 ADDRESS *unknown* R. C.
 MOTHER *Mary C. Webb* LIVING-~~DEAD~~ JEW
 ADDRESS *Milford Center* COLORED
 REC'D FROM TWP. OR CITY *UNION* CO. ILLEG.
 Nationality *A*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>8-25-21</i>						<i>what she is able</i>
Admitted by Trustees or Managers							
Surrendered by <input type="checkbox"/> Father <input type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Father abandoned the family.

Name WEUCHERS LAWRENCE Date rec'd. 12-16-38

Birth date 3-4-25 Birthplace Marion, Ohio

Legal residence: State Ohio County Union City

Father Carl A. Wuescher Address Deceased

Mother Liddy Price Wuescher Address Union County Home

Father Address
Step Mother Address

Occurrence: New Old Recurrent

Legal Status: Permanent Temporary Court committed

Surrendered by Father Mother No surrender

Otherwise (specify) Trustees Jackson Twp.

Received for aid or service: with change of domicile

without change of domicile

Support by: County City

Parents: In full Partial

Otherwise (specify)

- M.
- W.
- Protestant
- Catholic
- Jewish
- Legitimate
- Illegitimate
- Foundling
- Nationality
- Fa.
- Mo.

- Dependent
- Neglected
- Delinquent
- Crippled
- Defective
- mentally
- Mother's Aid

- Father dead
- Mother dead
- Full orphan
- Fa. deserted
- Mo. deserted
- Divorced
- Separated
- Fa. in Insti.
- Mo. in Insti.

- No support
- Broken home
- Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Dis- charged	Super- vision	Financ. care	Insti- tution	Wage home	Free home	Board home	Own home	Rela- tives
9/5-39	C. M. Friedrichs	Bridgeway Albion		X		X		X			
10/15-39	Returned to Ch. Home	Marysville "		X		X					
7/4-40	C. M. Friedrichs	Bridgeway "		X		X		X			
7-40	Returned to Ch. Home	Marysville "									
1/40	Placed with mother	Essex "									
4/40											
1946	Discharged - legal age										X

✓	At Acceptance child living with	Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.
✓	Both parents Father Mother Father and step mo. Mother and step fa. Relatives Institution Other (specify)	Mother + grandmother needed boy. He is doing fine at home. Talked with store keeper. says boy has paid all the old grocery bill his father owed when he died. Neighbors thinks boy is a fine boy, good worker + accepts responsibility of his mother + 9 mo. very happily.

NAME **Alvin White** NO. **470** # **MALE**
 DATE BORN **Sept 11th, 1908** DATE REC'D **9-13-1922.** # **FEMALE**
 FATHER **F.G. White** * **LIVING-DEAD** # **PROT.**
 ADDRESS **Richwood, Ohio, R.F.D.** R. C.
 MOTHER **Minnie White** * **LIVING-DEAD** # **JEW**
 ADDRESS **Richwood, Ohio. R.F.D.** # **COLORED**
 REC'D FROM **Claibourne** TWP. OR CITY **UNION** CO. # **WHITE**
 # **ILLEG.**
 # **A Nationality**

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	9/13/22.						
Admitted by Trustees or Managers	<i>Per. Com.</i>						
Surrendered by ^{Father} Mother							

CAUSE OF DEPENDENCY

Father Unable to support children; Mother incompetent;
Home conditions unsanitary, Children not having-
proper home care.

	DATE	WITH WHOM	ADDRESS
PLACED	6/23-21	Mr W B Davis.	Magnetic S. C.
RETURNED	3/3-25		
REPLACED		with In?	
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
5-26-24	Mother	good home			
7-31-24		Dis from Home			By order of Probate Court.

NAME Annabelle White

NO. 470

DATE BORN July 14 1913.

DATE REC'D Sept 13. 1922.

FATHER F.G. White

LIVING-DEAD

ADDRESS Richwood, Ohio.

MOTHER Minnie White,

LIVING-DEAD

ADDRESS Richwood, Ohio.

REC'D FROM Claibourne TWP. OR CITY

UNION

CO. A

MALE
* FEMALE
* PROT.
R. C.
JEW
COLORED
* WHITE
ILLEG.
Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
			By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct** 9/13/22.						
Admitted by Trustees or Managers						
Surrendered by Father						
Surrendered by Mother						

Same as Alvin Whites CAUSE OF DEPENDENCY

	DATE	WITH WHOM	ADDRESS
PLACED	1/11/25	Charley D. Mc Colly	North Lewisburg, O.
RETURNED	6-18-27	to Home	
REPLACED	7-7-27	Mrs. Joe Silverthorn	Marysville O.R.D.#2
RETURNED	8/27/27	<i>to enter school.</i>	
REPLACED	6/30/28	C.O. Herd	Marysville, O. E. 5 St.
RETURNED	7/9/28	By " "	" "
REPLACED	1/24/29	Murl Dodge	Marysville, O.
RETURNED		Transferred from Dodges to Frank Galloways	376 S. Walnut St.

RECORD OF VISITS Marysville, O.

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
------	---------	---------	------	---------	---------

7/14/26 *Good.*

From Galloways

Released to State Board of Charities 9-10-29

Present Address: 208 ~~Summit~~ St., Toledo, O.

New address c/o M.C. Pennypacker.

2129 Brookdale Rd Indian Hills - 2129 Brookdale Rd. Toledo, O.

NAME

Chester L White

No.

486

DATE BORN

4-10-1917

DATE REC'D

12-30-1922

FATHER

F. G. White

ADDRESS

Richwood, O

MOTHER

Minnie White

ADDRESS

Richwood, O

REC'D FROM

..

TWP. OR CITY

Union

CO.

MALE

FEMALE

PROT.

R. C.

JEW

COLORED

WHITE

ILLEG.

Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	<i>12/30/22</i>						
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

*Father physically unable at present
to care for children.*

NAME *Grover Cleveland White* No. MALE
 DATE BORN *Jan 25-1917* DATE REC'D *Dec 16, 1926* FEMALE
 FATHER *G. White* PROT.
 ADDRESS *at present in Union Co Jail.* R. C.
 MOTHER *Minnie White* JEW
 ADDRESS *Richwood* COLORED
 REC'D FROM _____ TWP. OR CITY _____ CO. _____ WHITE
 _____ ILLEG.
 _____ Nationality _____

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court	<i>12/16/26</i>	<i>Per.</i>					
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

Father in jail. Mother unable to care for child.

	DATE	WITH WHOM	ADDRESS
PLACED	7/5/28	Tway	Irwin, O. R.
RETURNED	8/9/28	"	"
REPLACED	8-7-29	John Mc.Millan	Richwood, O. R3
RETURNED	6-7-30	Re. ..	" " "
REPLACED	6-27-30	John Mosley	Marysville, O.
RETURNED	7-5-30	FROM ..	" " "
REPLACED	3-20-33	Charles Hagenlocker	Ostrander, O. R. 2
RETURNED	1-11-34	FROM ..	" " "

REPLACED 6-20-34 Mother Mrs. F. G. White RECORD OF VISITS Galena, O. R. 5

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
2/28/30	Matth ^{Sept}	Very fine home			
		(Legal Age - married)			

NAME Maud White

NO. 470

MALE

BORN April 19th 1911. DATE REC'D

9-13-1922.

FEMALE

FATHER F.G.White

* LIVING-DEAD

PROT.

ADDRESS Richwood, Ohio.

R. C.

MOTHER Minnie White,

* LIVING-DEAD

JEW

ADDRESS Richwood, Ohio.

COLORED

REC'D FROM Claibourne TWP. OR CITY

UNION

CO. @ Nationality

WHITE

ILLEG.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. C. # 9/13/22.							
Admitted by Trustees or Managers							
Surrendered by Father Mother							

CAUSE OF DEPENDENCY

Father unable to support children; Mother incompetent;
Home conditions unsanitary, Children not having proper
home care

	DATE	WITH WHOM	ADDRESS
PLACED	7/23	Mrs Geo Fensel	Marysville, O.
RETURNED	1/12/24	by Walter Fensel Mother, Dead.	
REPLACED	6/13/24	Chas Hagenlocher	Ostrander Oh.
RETURNED	4-23-27	Cause of death of foster Mother.	
REPLACED	7-2-27	Mr. J. F. Cain	Ostrander Ohio. R.D. #1.
RETURNED	7-10-27	to Home	
REPLACED	7/18/27	Alvi Graham	Marysville O
RETURNED	9/14/27	to home to enter school	

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
Dec 14/26		good.			

NAME

No.

DATE BORN

DATE REC'D

FATHER

ADDRESS

MOTHER

ADDRESS

REC'D FROM

TWP. OR CITY

CO.

MALE

FEMALE

PROT.

R. C.

JEW

COLORED

WHITE

ILLEG.

Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED.

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court							
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

NAME *Nancy Nell Wilkins* NO. *459* MALE
 DATE BORN *9-21-1921* DATE REC'D. *5-1-1922* FEMALE
 FATHER *Charles M. Wilkins* LIVING-DEAD PROT.
 ADDRESS *W. Mansfield, O. Route 4.* R. C.
 MOTHER *Alice Needham Wilkins* LIVING-DEAD JEW
 ADDRESS *deceased* COLORED
 REC'D FROM *York Twp.* TWP. OR CITY **UNION** CO. WHITE
 ILLEG. Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers							
Surrendered by ^{Father} Mother	<i>5/1/22</i>						

CAUSE OF DEPENDENCY

*Father unable to care for child.
 Mother deceased.*

NAME	No.	MALE
DATE BORN	DATE REC'D	FEMALE
FATHER		PROT.
ADDRESS		R. C.
MOTHER		JEW
ADDRESS		COLORED
REC'D FROM	TWP. OR CITY	WHITE
		ILLEG.
		Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place In F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard	
Committed by Juv. Court							
Admitted by Trustees or Managers							
Father Surrendered by Mother							

CAUSE OF DEPENDENCY

NAME *Williams, Adda Ellen*

NO. *23*

DATE BORN *8-17-09*

DATE REC'D. *8-31-15*

MALE

FATHER *W. M. Williams*

LIVING-DEAD

FEMALE

ADDRESS *Richwood, O.*

PROT.

MOTHER *Myrtle Caskey*

LIVING-DEAD

R. C.

ADDRESS *Richwood, O.*

JEW

REC'D FROM *Washington Tp.* TWP. OR CITY

UNION

COLORED

WHITE

ILLEG.

CO. Nationality *a*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers	<i>8-31-15</i>		<i>r</i>				
Surrendered by ^{Father} Mother							

CAUSE OF DEPENDENCY

Parents separated.

NAME *Williams, Hessler Ward* NO. *21* MALE
 DATE BORN *4-24-08* DATE REC'D *8-31-15* FEMALE
 FATHER *W. M. Williams* LIVING-DEAD
 ADDRESS *Richwood, O. Union Co.* R. C.
 MOTHER *Muriel Caskay Williams* LIVING-DEAD
 ADDRESS *Richwood, O.* JEW
 REC'D FROM *Washington Tp.* TWP. OR CITY **UNION** CO.
 ILLEG.
 Nationality *a*

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.							
Admitted by Trustees or Managers	<i>8-31-15</i>		<i>✓</i>				
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Parents separated.

	DATE	WITH WHOM	ADDRESS
PLACED	3-5-18	A. U. Martin	Marysville, O.
RETURNED	8-25-19	Returned to Home.	
REPLACED	11-29-19	Mrs. J. H. Cross	Marysville, O. R-5
RETURNED	9-24-20	Returned to Home.	East of Parisburg
REPLACED	6/18/21	Mary A. Eddy	Marysville, R.D. 3, O.
RETURNED	4/24/25		
REPLACED	5/24/25	W. Hill	Father aug 25
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
8-8-18	Supt. & Trustees.				
12-3-19	Supt	Good.			
6-29-20	Mahon	Good			
8/30-21	Supt.	Good.			
7/19-22	Trustees	Supt & Mahon			
5-26-24	Mahon	unsettled.			

INSTITUTION AND AGENCY CARD

1. Name of child **Winegardner-Harriett Lucile** ^{ate} **6-1-39** accepted **6-1-39** 3. Case No. **1064**
4. Status of case: Reopened: Case last closed ***** Reopened: Case last closed *****
New ***** prior to this year ***** within this year *****
5. Religion: Prot. R. C. G. C. Jew Other **None**
6. Race: W N O **W** 7. Sex: **#** F 8. Date of birth **5-24-30** 9. Place of birth **Arnold, O.**
10. Received from: **Jerome Twp.** County **Union Co. O.** State or country
11. How received: Temporary ***** Permanent commitment ***** surrender ***** Permanent surrender ***** Voluntary agreement *****
12. Name of father **Frank Winegardner** 13. Address **Deceased**
14. Name of mother **Betty Miller Winegardner** 15. Address **2229 E. 5th. Ave. Col. O.**
16. Name of other guardian
17. Address
18. Whereabouts of child when accepted **Arnold, O.** 19. Status of child's parents when accepted
20. Whereabouts of child's parents when accepted: { Father **Ohio Penitentiary**
Mother **Grandparents-Arnold, O.**
21. Assistance received by household: { At time of acceptance **Grandparents-Old Age Pension**
Within last two years
22. Notes:

INSTITUTION AND AGENCY CARD

1. Name of child **Winegardner-Kenneth Ray** 2. Date accepted **6-1-39** 3. Case No. **1064**
4. Status of case: Reopened: Case last closed Reopened: Case last closed
New * prior to this year within this year 5. Religion: Prot. R. C. G. C. Jew Other None
6. Race: W N O **W** 7. Sex: M F **#** 8. Date of birth **8-30-32** 9. Place of birth **Arnold, O.**
10. Received from: **Jerome Twp.** County **Union Co. O.** State or country
11. How received: Temporary commitment * Permanent commitment Temporary surrender Permanent surrender Voluntary agreement
12. Name of father **Frank Winegardner** 13. Address **O.P. - Deceased**
14. Name of mother **Betty Miller Winegardner** 15. Address **2229 E. 5th. Ave. Col. O.**
16. Name of other guardian 17. Address
18. Whereabouts of child when accepted **Grandparents-Arnold O.** Status of child's parents when accepted
20. Whereabouts of child's parents when accepted: { Father **Ohio Penitentiary**
Mother **Grandparents-Arnold, O.**
21. Assistance received by household: { At time of acceptance **Grandparents-Old Age Pension:**
Within last two years
22. Notes:

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
	Mother -	Columbus O	X								X

2. Reason for closing... *Order of Juvenile Judge.*

3. Changes in guardianship (Give date and type) *Mother, permanant.*
Mrs Betty Winegardner
Columbus, O W. Broad St.

4. Changes in source of support (Give date and source)
A. D. C. given mother by
Franklin Co.

INSTITUTION AND AGENCY CARD

Eugene

1. Name of child **WINEGARDNER-Norman** 2. Date accepted **JUNE 1 6-1-39** 3. Case No. **1064**
4. Status of case: Reopened: Case last closed ***** Reopened: Case last closed *****
New ***** prior to this year..... within this year..... 5. Religion: Prot. R. C. G. C. Jew Other..... None
6. Race: W N O **W** 7. Sex: M **##** 8. Date of birth **12-26-27** 9. Place of birth **Plain City, O.**
10. Received from: **Jerome Twp.** County **Union Co. O.** State or country
11. How received: Temporary ***** Permanent commitment..... Temporary surrender..... Permanent surrender..... Voluntary agreement.....
12. Name of father **Frank Winegardner** 13. Address **Deceased**
14. Name of mother **Betty Miller Winegardner** 15. Address **2229 E. 5th. Ave. Col. O.**
16. Name of other guardian..... 17. Address.....
18. Whereabouts of child when accepted **Arnold, O.** 19. Status of child's parents when accepted **Father-Penitenti Children with Gr.M.**
20. Whereabouts of child's parents when accepted: { Father **Ohio Penitentiary**
Mother **With Grandparents-Arnold, O.**
21. Assistance received by household: { At time of acceptance **Grandparents-Old Age Pension:**
Within last two years.....
22. Notes:

INSTITUTION AND AGENCY CARD

1. Name of child Welford - Clayton 2. Date accepted 3-10-48 3. Case No. _____

4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year within this year

5. Religion: Prot. R. C. G. C. Jew Other None

6. Race: W N O _____ 7. Sex: M F _____ 8. Date of birth 9-8-34 9. Place of birth Union Co.

10. Received from: Juvenile Court County Union State or country _____

11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement

12. Name of father Welford - Clayton 13. Address Broadway - O

14. Name of mother Miller - Gladys 15. Address Rosedale / Ohio

16. Name of other guardian _____ 17. Address _____

18. Whereabouts of child when accepted Mother 19. Status of child's parents when accepted divorced

20. Whereabouts of child's parents when accepted: { Father Broadway, O, remarried
Mother Rosedale, O.

21. Assistance received by household: { At time of acceptance _____
Within last two years Father partially blind

22. Notes: Boy had been living with fa. left home & went to mo. She refused to keep him. Boy did not want to return to fa. was sent to ch. Home.

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage- Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
9 1946	Brother & wife	Mansfield, Ohio		X						X	

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

BORN *Wald Wood* *6/9/1914* DATE REC'D. *7/16/24* No. *557*
 FATHER *Art J Wood* ~~LIVING-DEAD~~
 ADDRESS *deceased*
 MOTHER *Della Wood* LIVING-DEAD
 ADDRESS *Claibourne*
 REC'D FROM *Claibourne* TWP. OR CITY *Union* CO. *A* Nationality

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>7/16/24</i>						
Admitted by Trustees or Managers							
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

Mother is a Widow and unable to support said minor child

	DATE	WITH WHOM	ADDRESS
PLACED	4/19/1928	S J Simkins	Raymond
RETURNED	9/11/31	Mrs Wm Boss	434 N. Columbus St
Transferred			Crestline, O.
REPLACED			
RETURNED			
REPLACED			
RETURNED		(Legal age)	
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
11/16/28	Matron & Supt.	Good Home			
7/28/30	" "	" "			
11/21/30	" "	" "			
9/13/31	" "	" "			

NAME *Clyde Wood* No. *538*
 DATE BORN *6-25-1918* DATE REC'D. *7/16-1924*
 FATHER *Bert J Wood* ~~LIVING~~ DEAD
 ADDRESS *deceased*
 MOTHER *Della Wood* LIVING-DEAD
 ADDRESS *Glaabome Ohio*
 REC'D FROM *Glaabome* TWP. OR CITY *Union* CO. *Q* Nationality

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct. <input checked="" type="checkbox"/>	<i>7-16-24</i>						
Admitted by Trustees or Managers							
Surrendered by <input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Mother is a Widow and unable to properly support said minor child

	DATE	WITH WHOM	ADDRESS
PLACED	7/9/29	Joseph L. Matteson	Richwood, O. R3
Transfer RETURNED	2/10-104	sister - Mrs. W ^m Boos	Crestline, O.
REPLACED		Care closed by age.	
RETURNED			
REPLACED			
RETURNED			
REPLACED			
RETURNED			

RECORD OF VISITS

DATE	BY WHOM	REMARKS	DATE	BY WHOM	REMARKS
8/7/29	M&S	Happy-Good Home			
12/10/29	"	" " "			
7/22/30	"	" " "			
8/26/31	"	" " "			
6-32	"	" " "			

INSTITUTION AND AGENCY CARD

1. Name of child Wood - Ernest L
2. Date accepted 3-15-1953. Case No. 1353
4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year within this year
5. Religion: Prot. R. C. G. C. Jew. Other None
6. Race: W N O Sex: M F 8. Date of birth 6-16-35 Verified: Y N 9. Place of Birth Union Co State or Country
10. Received from Juvenile Court County Union
Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement
11. How Received:
12. Name of father
13. Address
14. Name of mother
15. Address
16. Name of other guardian
17. Address
18. Whereabouts of child when accepted B.T.R. 19. Status of child's parents when accepted married
20. Whereabouts of child's parents when accepted: } Father Mansville, O. R. R.
} Mother
21. Assistance received by household: } At time of acceptance
} Within last two years
22. Notes: Ernest was sent to the B.T.R. & then to the Ch. Home because of lack of supervision in his own home

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
5-6-30	C. H. Cavender	Mansville, O				X				X	
'5-1	Parents -	" "									X

2. Reason for closing.....

3. Changes in guardianship (Give date and type)

4. Changes in source of support (Give date and source)

NAME *Herald Rex Wood* No. *559*
 DATE BORN *2 yrs old* DATE REC'D. *7/16/24*
 FATHER *Bert J Wood* ~~LIVING-DEAD~~
 ADDRESS *deceased*
 MOTHER *Della Wood* ~~LIVING-DEAD~~
 ADDRESS *Clairbourne, Ohio*
 REC'D FROM *Clairbourne* TWP. OR CITY *Union* CO. *9* Nationality

MALE
 FEMALE
 PROT.
 R. C.
 JEW
 COLORED
 WHITE
 ILLEG.

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>7/16/24</i>						
Admitted by Trustees or Managers							
Surrendered by <input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother							

CAUSE OF DEPENDENCY

Mother is a widow and unable to support said minor child.

NAME *William E Wood* No. *566.* MALE
 DATE BORN *Sept 25, 1921* DATE REC'D. *Dec. 29-1924* FEMALE
 FATHER *Wilford A Wood* LIVING-DEAD PROT.
 ADDRESS *1947 Dalezelle St. Detroit Mich* R. C.
 MOTHER *Christine Gibson Wood* LIVING-DEAD JEW
 ADDRESS *Marysville Ohio* COLORED
 REC'D FROM *Paris* TWP. OR CITY *Union* CO. ILLEG.
 Nationality

CONDITIONS UNDER WHICH CHILD IS RECEIVED

	DATE	Temp. Care	Place in F. H.	PAYMENT TO BE MADE			TERMS
				By Fath.	By Moth.	By Guard.	
Committed by Juv. Ct.	<i>Yes. 12-29-24</i>					<input checked="" type="checkbox"/>	<i>2 \$ per week</i>
Admitted by Trustees or Managers							
Surrendered by Father							
Surrendered by Mother							

CAUSE OF DEPENDENCY

INSTITUTION AND AGENCY CARD

1. Name of child..... Woodburn - Evelyn..... 2. Date accepted..... Oct 8, 1940..... 3. Case No. 1098

4. Status of case: Reopened: Case last closed Reopened: Case last closed
New prior to this year..... within this year..... 5. Religion: Prot. R. C. G. C. Jew Other..... None

6. Race: W N O..... 7. Sex: M F 8. Date of birth 5-5-1931..... Verified: Y N 9. Place of birth.....

10. Received from: Arnold - Jerome Twp County Union State or country O
Temporary Permanent Temporary Permanent Voluntary
11. How received: commitment commitment surrender surrender agreement

12. Name of father..... 13. Address Unknown

14. Name of mother..... 15. Address.....

16. Name of other guardian..... 17. Address.....

18. Whereabouts of child when accepted Grandmother..... 19. Status of child's parents when accepted ?

20. Whereabouts of child's parents when accepted: { Father unknown - left girl in Arnold - told no one where they were going. Father had left mother returned & both left.
Mother

21. Assistance received by household: { At time of acceptance.....
Within last two years.....

22. Notes: Action pending to bring all children of family to Ch. Home, fa deserted later returned then left with mo. + boys leaving girl in care of family in Arnold; at acceptance whereabouts of parents unknown.

Name **WRIGHT Dorothy Irene (O'Bryan)** Date rec'd **9/1/37**
 Birth date **12/9/24** Birthplace

Legal residence: State **Ohio** County **Union** City

Father **Ray Wright** Address **Unknown**
 Mother **Verga Yates O'Bryan** Address

Father
 Step Mother Address

Occurrence: New ***** Old Recurrent

Legal Status: Permanent Temporary ***** Court committed *****

Surrendered by-Father Mother No surrender

Otherwise (specify) **Trustees Jerome Twp.**

Received for aid or service: with change of domicile

without change of domicile *****

Support by: County ***** City

Parents: In full Partial

Otherwise (specify)

M. ***F.**
***W.** C.
***Protestant**
 Catholic
 Jewish
 Legitimate
***Illegitimate**
 Foundling
 Nationality
A- Fa.
 Mo.
 Dependent
***Neglected**
 Delinquent
 Crippled
 Defective
 mentally
 Mother's aid
 Father dead
 Mother dead
 Full orphan
 Fa. deserted
 Mo. deserted
 Divorced
 Separated
***Fa. in Insti.**
 Mo. in Insti.
 No support
 Broken home
 Unfit home

PLACEMENTS, ETC.

Date	With Whom	Address	Rela- tives	Own home	Board home	Free home	Wage home	Insti- tution	Financ. care	Super- vision	Dis- charged
10/12/38	mt. Carmel Hospital	Columbus. O.									
11/8/38	From "	" "									
4-7-39	Back to Ch. Home from Boarding Home in Cal.	supervised by Welfare Dept									
7-10-46	Discharged because of legal age	Working in the home of Mr. Hinsey of Mansfield. O.									

✓	At Acceptance child living with
	Both parents Father Mother Father and step mo. Mother and step fa. Relatives Institution Other (specify)

Later changes in guardianship or custody. (From temporary to permanent care; from parents to court commitment; etc.) Give dates and types.

INSTITUTION AND AGENCY CARD

1. Name of child Young - Betty Lou 2. Date accepted 12-10-42 3. Case No. 1158

4. Status of case: Reopened: Case last closed Reopened: Case last closed New prior to this year 5. Religion: Prot. R. C. G. C. Jew Other None

6. Race: W N O 7. Sex: M F 8. Date of birth 11-10-29 Verified: Y N 9. Place of birth Logan Co., State or country

10. Received from: Milford Centrs - Union County Ohio

11. How received: Temporary commitment Permanent commitment Temporary surrender Permanent surrender Voluntary agreement

12. Name of father Young - Herbert Allen 13. Address Unknown

14. Name of mother Walke - Gretchen Young 15. Address State Hospital

16. Name of other guardian S. F. Walke - Frank 17. Address Milford Centrs, Ohio

18. Whereabouts of child when accepted with neighbors 19. Status of child's parents when accepted Parents divorced

20. Whereabouts of child's parents when accepted: { Father Unknown
Mother In State Hospital

21. Assistance received by household: { At time of acceptance
Within last two years

22. Notes: Mother's condition superinduced by illness; considered only temporary.

1. PLACEMENTS

a. Date	b. With Whom	c. Address	d. Own Home	e. Relatives	f. Boarding Home	g. Free Home	h. Wage Home	i. Institution	j. Financial Care	k. Super- vision	l. Closed
4-44	Parents	Milford Centre O	X								X

2. Reason for closing... *Order of the Probate Court*

3. Changes in guardianship (Give date and type)

4-44 - Returned to parents.

4. Changes in source of support (Give date and source)

FOSTER FAMILY CARDS

FOSTER FAMILY INDEX CARD

NAME Andrews James Date Application Received 8/9/22
 ADDRESS New Dover P8
 CHILD WANTED: Boy Girl Age 12
 Prot. Cath. Hebrew White Colored
 Other Remarks: No child placed
 REFERENCES: No. Sent Out 5 Date 8/21/22 No. Returned 1 Favorable 1 Unfavorable 1
 INVESTIGATED: Date _____ By Whom _____

ACTION TAKEN (Check)	Date	REASON
Approved		
Renewed		
Disapproved <input checked="" type="checkbox"/>		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON

FOSTER FAMILY INDEX CARD

No.

NAME Barnett Mrs. E. W. ^{III} Date Application Received 4/6/24

ADDRESS R. D. Marysville O.

CHILD WANTED: Boy Girl Age 12
 Prot. Cath. Hebrew White Colored

Other Remarks: _____

REFERENCES: No. Sent Out 5 Date 4/9/24 No. Returned 4 Favorable 4 Unfavorable 0

INVESTIGATED: Date 4/29/24 By Whom Mrs Ruth Patrick

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>	<u>9</u>	
Renewed <input type="checkbox"/>		
Disapproved <input type="checkbox"/>		
Withdrawn <input type="checkbox"/>		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>Gallant Carl</i>	<i>484</i>	<i>4/29/24</i>		

FOSTER FAMILY INDEX CARD

NAME Barnett Ellis Date Application Received 6/25/25
 ADDRESS North Lewisburg O.
 CHILD WANTED: Boy Girl Age 2
 Prot. Cath. Hebrew White Colored
 Other Remarks: Have no ref. papers - 5 ref. names
 REFERENCES: No. Sent Out 5 Date _____ No. Returned _____ Favorable _____ Unfavorable _____
 INVESTIGATED: Date _____ By Whom _____

ACTION TAKEN (Check)	Date	REASON
Approved		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:
Paul Miller was placed in this home for few wks, have no dates

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON

FOSTER FAMILY INDEX CARD

NAME Beach William Date Application Received 6/26/24

ADDRESS Columbus O. 1088 Bell St.

CHILD WANTED: Boy _____ Girl _____ Age _____
 Prot. _____ Cath. _____ Hebrew _____ White _____ Colored _____

Other Remarks: Wanted Potts children no papers

REFERENCES: No. Sent Out _____ Date _____ No. Returned _____ Favorable _____ Unfavorable _____

INVESTIGATED: Date _____ By Whom _____

ACTION TAKEN (Check)

Date

REASON

Approved

Renewed

Disapproved

Withdrawn

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON

FOSTER FAMILY INDEX CARD

No.

NAME Bell Lilas Date Application Received.....ADDRESS R. F. D. 2 Ostrander O.CHILD WANTED: Boy Girl
Prot. Cath. Hebrew White Colored Other Remarks: No relation

REFERENCES: No. Sent Out..... Date..... No. Returned..... Favorable..... Unfavorable.....

INVESTIGATED: Date..... By Whom.....

ACTION TAKEN (Check)

Date

REASON

Approved

Renewed

Disapproved

Withdrawn

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>Bell Charles Edward</i>		<i>9/30/17</i>		

FOSTER FAMILY INDEX CARD

NAME Boergen Chas Date Application Received 5-12-24

ADDRESS Marysville P 3

CHILD WANTED: Boy Girl Age 12
 Prot. Cath. Hebrew White Colored

Other Remarks:

REFERENCES: No. Sent Out 5- Date 5/14/24 No. Returned 5- Favorable 5- Unfavorable

INVESTIGATED: Date not made out By Whom

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>	<u>6/1/24</u>	
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
Gallant Kate				

FOSTER FAMILY INDEX CARD

No.

NAME Britton Rodney Date Application Received 6/24/27

ADDRESS Mt. Victory O.

CHILD WANTED: Boy Girl Age 15-
 Prot. Cath. Hebrew White Colored

Other Remarks: _____

REFERENCES: No. Sent Out 5- Date 6/24/27 No. Returned 4- Favorable 3 Unfavorable 1

INVESTIGATED: Date 7/17/27 By Whom Supt and Malron

ACTION TAKEN (Check)	Date	REASON
Approved		
Renewed		
Disapproved <input checked="" type="checkbox"/>	<u>7/8/27</u>	
Withdrawn		

REMARKS about home, or subsequent developments:
This family needed a hired girl.

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON

FOSTER FAMILY INDEX CARD

No.

NAME Brooks Hiram Date Application Received 6/14/24

ADDRESS Fernwood Ohio

CHILD WANTED: Boy Girl Age 12
 Prot. Cath. Hebrew White Colored

Other Remarks: _____

REFERENCES: No. Sent Out 5 Date 7/10/24 No. Returned 5 Favorable 5 Unfavorable _____

INVESTIGATED: Date 9 By Whom 9

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>	<u>9</u>	
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>Potts Harold</i>	<i>20</i>	<i>9/2/24</i>	<i>4/6/26</i>	<i>returned to mother</i>

FOSTER FAMILY INDEX CARD

NAME Dale Bushong Date Application Received 7/28/28

ADDRESS Peoria, O. R. D.

CHILD WANTED: Boy _____ Girl Age 14
 Prot. _____ Cath. _____ Hebrew _____ White Colored _____

Other Remarks: Wage girl

REFERENCES: No. Sent Out _____ Date _____ No. Returned _____ Favorable _____ Unfavorable _____

INVESTIGATED: Date 7/30/28 Known Supr. By Whom _____

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>	<u>7/30/28</u>	
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
Ruth Miller	567	7/30/28	8/12/28	only wanted 2 weeks

FOSTER FAMILY INDEX CARD

NAME Otte Amerine Date Application Received.....

ADDRESS Marysville, O. R. D.

CHILD WANTED: Boy Girl Age 14
 Prot. Cath. Hebrew White Colored

Other Remarks: Wage Boy

REFERENCES: No. Sent Out..... Date..... No. Returned..... Favorable..... Unfavorable.....

INVESTIGATED: Date..... By Whom.....

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>	<u>7/4/28</u>	
Renewed <input type="checkbox"/>		
Disapproved <input type="checkbox"/>		
Withdrawn <input type="checkbox"/>		

REMARKS about home, or subsequent developments:
Returned Boy NO WAGES.

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
Todd Clewinger	481	7/4/28	8/9/28	No wages - didn't want to keep boy & send to school

FOSTER FAMILY INDEX CARD

No.

NAME Anderson, Bernard Date Application Received 5-8/27

ADDRESS Marysville O.

CHILD WANTED: Boy Girl Age 16
 Prot. Cath. Hebrew White Colored

Other Remarks:

REFERENCES: No. Sent Out 5 Date No. Returned 5 Favorable 5 Unfavorable 0

INVESTIGATED: Date 5-24-27 By Whom Supt Ed Matron

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>	<u>6/3/27</u>	
Renewed <input type="checkbox"/>		
Disapproved <input type="checkbox"/>		
Withdrawn <input type="checkbox"/>		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>Glass Ruth G.</i>	<i>5-</i>	<i>5/27/27</i>		

FOSTER FAMILY INDEX CARD

NAME Cain Edgar Date Application Received 5/16/23

ADDRESS R1 New Dover O.

CHILD WANTED: Boy Girl Age 14
 Prot. Cath. Hebrew White Colored

Other Remarks: _____

REFERENCES: No. Sent Out 5 Date 5/7/23 No. Returned 3 Favorable 2 Unfavorable 1

INVESTIGATED: Date _____ By Whom _____

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>Cumston Lester</i>		<i>5/20/23</i> <i>5/4/24</i>	<i>?</i>	<i>replaced with father</i>

FOSTER FAMILY INDEX CARD

No.

NAME Jesse F. Cain Date Application Received 6/20/27

ADDRESS R1 New Dover

CHILD WANTED: Boy Girl Age 16
 Prot. Cath. Hebrew White Colored

Other Remarks:

REFERENCES: No. Sent Out 5 Date 6/21/27 No. Returned 5 Favorable 5 Unfavorable

INVESTIGATED: Date By Whom Supt and matron

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>	<u>7</u>	
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>White Maude</i>		<i>7/2/27</i>	<i>7/10/27</i>	<i>Girl dissatisfied</i>

FOSTER FAMILY INDEX CARD

NAME Cantwil Charles R Date Application Received 7/9/28
 ADDRESS Celina, O. R. 7
 CHILD WANTED: Boy Girl Age 1 1/2
 Prot. Cath. Hebrew White Colored
 Other Remarks: talking adoption
 REFERENCES: No. Sent Out 5 Date 7/10/28 No. Returned 5 Favorable 5 Unfavorable 0
 INVESTIGATED: Date _____ By Whom Mrs M^{rs} Cornick

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>	<u>7/7/28</u>	
Renewed <input type="checkbox"/>		
Disapproved <input type="checkbox"/>		
Withdrawn <input type="checkbox"/>		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>Philip Cornell</i>	717	7/7/28		

FOSTER FAMILY INDEX CARD

NAME Cantwell-Harvey Date Application Received 7/12/28

ADDRESS Celina, O.

CHILD WANTED: Boy _____ Girl Age 1 1/2
 Prot. _____ Cath. _____ Hebrew _____ White Colored _____

Other Remarks: _____

REFERENCES: No. Sent Out 5 Date 7/14/28 No. Returned 5 Favorable 5 Unfavorable _____

INVESTIGATED: Date _____ By Whom _____

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>	<u>7/16/28</u>	
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>Martha B. Penrose</i>	<i>716</i>	<i>7/16/28</i>		

FOSTER FAMILY INDEX CARD

No.

NAME Coder Alvi Date Application Received 3/17/23

ADDRESS R 3 Marysville O.

CHILD WANTED: Boy Girl Age 14
 Prot. Cath. Hebrew White Colored

Other Remarks: _____

REFERENCES: No. Sent Out 4 Date _____ No. Returned 4 Favorable 4 Unfavorable _____

INVESTIGATED: Date 3/26/23 By Whom Mrs Ruth Patrick

ACTION TAKEN (Check)	Date	REASON
Approved		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:
Hispan
 Leroy Neal was placed with ~~Alvi~~ Coder
 father 3/26/23 - father died in short time
 then went to the home of Alvi Coder (Jr.)

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
Neal Leroy	409	9		

FOSTER FAMILY INDEX CARD

No. _____

NAME Cody James Date Application Received _____

ADDRESS 119 M^e Millan Ave. Columbus.

CHILD WANTED: Boy Girl Age _____
 Prot. Cath. Hebrew White Colored

Other Remarks: _____

REFERENCES: No. Sent Out _____ Date _____ No. Returned _____ Favorable _____ Unfavorable _____

INVESTIGATED: Date _____ By Whom _____

ACTION TAKEN (Check)	Date	REASON
Approved		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>Luke Esther Marie</i>	<i>2</i>	<i>3/ 21</i>		

FOSTER FAMILY INDEX CARD

No.

NAME Coleman Leo L. Date Application Received 5/4/23

ADDRESS R 2 Marysville O.

CHILD WANTED: Boy Girl Age 16
 Prot. Cath. Hebrew White Colored

Other Remarks:

REFERENCES: No. Sent Out 5/3 Date 5/5/23 No. Returned 4 Favorable 4 Unfavorable 0

INVESTIGATED: Date By Whom Mrs Ruth Patrick

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>Potts Ernest</i>	<i>2</i>	<i>5/15/23</i>	<i>9/26</i>	<i>to mother</i>

FOSTER FAMILY INDEX CARD

NAME Lewis Coucklin Date Application Received.....

ADDRESS Plain City, O. P.D.

CHILD WANTED: Boy Girl Age 19
 Prot. Cath. Hebrew White Colored

Other Remarks: Wages

REFERENCES: No. Sent Out..... Date..... No. Returned..... Favorable..... Unfavorable.....

INVESTIGATED: Date..... By Whom.....

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>	<u>10/8/28</u>	
Renewed <input type="checkbox"/>		
Disapproved <input type="checkbox"/>		
Withdrawn <input type="checkbox"/>		

REMARKS about home, or subsequent developments:
girl was in Coucklin Home before but thought she could do better in Columbus, but was willing to return to Coucklins after a try out in City.

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>Eddie Williams</i>	23	<i>10/8/28</i>		

FOSTER FAMILY INDEX CARD

No.

NAME Crosgray John Date Application Received 6/16/23

ADDRESS R3 Plain City

CHILD WANTED: Boy Girl Age _____
 Prot. Cath. Hebrew White Colored

Other Remarks: _____

REFERENCES: No. Sent Out 5- Date 6/16/23 No. Returned 5- Favorable 5- Unfavorable _____

INVESTIGATED: Date P By Whom P

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
Moats Hazel	12	6/23/23	3/4/24	?

FOSTER FAMILY INDEX CARD

No.

NAME Cross James Date Application Received 9

ADDRESS Marysville

CHILD WANTED: Boy Girl Age 14
 Prot. Cath. Hebrew White Colored

Other Remarks:

REFERENCES: No. Sent Out 5 Date 12/6/22 No. Returned 5 Favorable..... Unfavorable.....

INVESTIGATED: Date..... By Whom.....

ACTION TAKEN (Check)	Date	REASON
Approved		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
Gallant Carl	484	7/11/23	11/5/23	!

FOSTER FAMILY INDEX CARD

No.

NAME Davis E. R. Date Application Received not dated

ADDRESS _____

CHILD WANTED: Boy Girl _____ Age 14
 Prot. _____ Cath. _____ Hebrew _____ White Colored _____

Other Remarks: _____

REFERENCES: No. Sent Out _____ Date _____ No. Returned _____ Favorable _____ Unfavorable _____

INVESTIGATED: Date _____ By Whom _____

ACTION TAKEN (Check)	Date	REASON
Approved		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:
Can find only application Blank

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
White Alvin	490	6/23/21	3/13/25	Dis from Home by Probate Court

FOSTER FAMILY INDEX CARD

No.

NAME Anderson J. E. Date Application Received 5/13/26

ADDRESS R 4 West Mansfield

CHILD WANTED: Boy Girl Age 10
 Prot. Cath. Hebrew White Colored

Other Remarks: _____

REFERENCES: No. Sent Out 5 Date 6/18/26 No. Returned 4 Favorable 4 Unfavorable _____

INVESTIGATED: Date ? By Whom ?

ACTION TAKEN (Check)	Date	REASON
Approved		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON

FOSTER FAMILY INDEX CARD

NAME Davis W. B. Date Application Received 9
 ADDRESS Marysville O. R3
 CHILD WANTED: Boy Girl Age 16
 Prot. Cath. Hebrew White Colored
 Other Remarks: _____
 REFERENCES: No. Sent Out 5 Date 3/1/23 No. Returned 3 Favorable 3 Unfavorable _____
 INVESTIGATED: Date 3/9/23 By Whom Mrs Ruth Patrick

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>	<u>3/10/23</u>	
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>White Alvin</i>	<i>470</i>	<i>4/23/21</i>	<i>3/13/25</i>	<i>Dis from home by Probate Court</i>

FOSTER FAMILY INDEX CARD

No.

NAME Eirich Martin Luther Date Application Received 2/11/27

ADDRESS P 4 Marysville O.

CHILD WANTED: Boy Girl Age 14
 Prot. Cath. Hebrew White Colored

Other Remarks: _____

REFERENCES: No. Sent Out 5 Date 2/10/27 No. Returned 4 Favorable 4 Unfavorable _____

INVESTIGATED: Date P By Whom P

ACTION TAKEN (Check)	Date	REASON
Approved		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:
Girl not placed - must of changed their minds

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON

FOSTER FAMILY INDEX CARD

No. _____

NAME Fensel Geo Date Application Received 9

ADDRESS Marysville O.

CHILD WANTED: Boy Girl Age 12
 Prot. Cath. Hebrew White Colored

Other Remarks: _____

REFERENCES: No. Sent Out 5- Date 6/27/23 No. Returned 5- Favorable 5- Unfavorable _____

INVESTIGATED: Date _____ By Whom _____

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>White Maude</i>		<i>7/11/23</i>	<i>1/12/24</i>	<i>Death of Foster Mother</i>

FOSTER FAMILY INDEX CARD

No. _____

NAME Ferrel Mr. and Mrs. E. L. Date Application Received _____

ADDRESS R 2 Marengo St.

CHILD WANTED: Boy Girl _____ Age _____
 Prot. _____ Cath. _____ Hebrew _____ White _____ Colored _____

Other Remarks: a relative of the boy

REFERENCES: No. Sent Out _____ Date _____ No. Returned _____ Favorable _____ Unfavorable _____

INVESTIGATED: Date _____ By Whom _____

ACTION TAKEN (Check)	Date	REASON
Approved		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>Neal Casper</i>	<i>409</i>	<i>6/20/27</i>		

FOSTER FAMILY INDEX CARD

NAME Tish - Pride Date Application Received 7/5/28

ADDRESS Dover R. 1

CHILD WANTED: Boy Girl Age _____
 Prot. Cath. Hebrew White Colored

Other Remarks: _____

REFERENCES: No. Sent Out _____ Date _____ No. Returned _____ Favorable _____ Unfavorable _____

INVESTIGATED: Date 7/5/28 By Whom Supt.

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>	<u>7/5/28</u>	
Renewed <input type="checkbox"/>		
Disapproved <input type="checkbox"/>		
Withdrawn <input type="checkbox"/>		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
Dale Tropp	680	7/5/28	8/26/28	Just wanted Boy for summer, Boy satisfied.

FOSTER FAMILY INDEX CARD

NAME Foresythe Walter Date Application Received 5-11-24

ADDRESS R2 Milford Center O.

CHILD WANTED: Boy _____ Girl Age _____
 Prot Cath. _____ Hebrew _____ White Colored _____

Other Remarks: No names written on reference papers

REFERENCES: No. Sent Out 4 Date _____ No. Returned 4 Favorable 4 Unfavorable _____

INVESTIGATED: Date 5-6-24 By Whom Mrs Ruth Patrick

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>	<u>5/8/24</u>	
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>Williams Addie</i>		<i>5/8/24</i>	<i>6/14/24</i>	

FOSTER FAMILY INDEX CARD

NAME F. G. Fowler Date Application Received 7/14/28

ADDRESS

CHILD WANTED: Boy Girl Age 15
 Prot. Cath. Hebrew White Colored

Other Remarks: Wage girl

REFERENCES: No. Sent Out..... Date..... No. Returned..... Favorable..... Unfavorable.....

INVESTIGATED: Date 7/21/28 By Whom.....

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>	<u>7/21/28</u>	
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>Catherine Gallant</i>	483	7/21/28		

FOSTER FAMILY INDEX CARD

NAME Gilbert, W. M. Date Application Received 2/24/23
 ADDRESS North Lewisburg O.
 CHILD WANTED: Boy Girl Age 12
 Prot. Cath. Hebrew White Colored
 Other Remarks: boy not placed - letter of inquiry not sat.
 REFERENCES: No. Sent Out _____ Date _____ No. Returned _____ Favorable _____ Unfavorable _____
 INVESTIGATED: Date _____ By Whom _____

ACTION TAKEN (Check)	Date	REASON
Approved		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON

FOSTER FAMILY INDEX CARD

No.

NAME Goller Edward Date Application Received 7/10/22

ADDRESS Richwood O.

CHILD WANTED: Boy Girl Age 1-4
 Prot Cath. Hebrew White Colored

Other Remarks: can find no paper of reference

REFERENCES: No. Sent Out _____ Date _____ No. Returned _____ Favorable _____ Unfavorable _____

INVESTIGATED: Date _____ By Whom _____

ACTION TAKEN (Check)	Date	REASON
Approved		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON

FOSTER FAMILY INDEX CARD

NAME Lou Graham Date Application Received.....

ADDRESS Marysville, O.

CHILD WANTED: Boy Girl Age _____
 Prot. Cath. Hebrew White Colored

Other Remarks: Pres. of Home Board

REFERENCES: No. Sent Out..... Date..... No. Returned..... Favorable..... Unfavorable.....

INVESTIGATED: Date..... By Whom.....

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>	<u>10/2/28</u>	
Renewed <input type="checkbox"/>		
Disapproved <input type="checkbox"/>		
Withdrawn <input type="checkbox"/>		

REMARKS about home, or subsequent developments:
girl attending H. School & staying with Mrs Lou Graham

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
Ada Jenkins	554	10/2/28		

FOSTER FAMILY INDEX CARD

No. _____

NAME Hagenlocker Chas Date Application Received 3/17/24

ADDRESS R 2 - Ostrander St.

CHILD WANTED: Boy Girl Age 14
 Prot. Cath. Hebrew White Colored

Other Remarks: _____

REFERENCES: No. Sent Out 5 Date 3/21/24 No. Returned 4 Favorable 4 Unfavorable _____

INVESTIGATED: Date 5/8/24 By Whom Mrs Ruth Patrick

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>	<u>9</u>	
Renewed <input type="checkbox"/>		
Disapproved <input type="checkbox"/>		
Withdrawn <input type="checkbox"/>		

REMARKS about home, or subsequent developments: _____

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>White Maude</i>		<i>5/13/24</i>	<i>4/23/27</i>	<i>Death of Foster Mother</i>

FOSTER FAMILY INDEX CARD

NAME Chas Herd Date Application Received 7/14/28
 ADDRESS Marysville, O. E. 5th. St.
 CHILD WANTED: Boy _____ Girl Age 14
 Prot. _____ Cath. _____ Hebrew _____ White Colored _____
 Other Remarks: Wage girl
 REFERENCES: No. Sent Out _____ Date _____ No. Returned _____ Favorable _____ Unfavorable _____
 INVESTIGATED: Date _____ By Whom _____

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>	<u>7/14/28</u>	
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
Mary Belle Huffman	439	7/14/28	10/10/28	Couldnt do work + go to school sat- isfactory.

FOSTER FAMILY INDEX CARD

No.

NAME Herd Ray Date Application Received 7/11/26

ADDRESS 21 Liberty

CHILD WANTED: Boy Girl Age 12-13
 Prot. Cath. Hebrew White Colored

Other Remarks: _____

REFERENCES: No. Sent Out 5 Date 7/19/26 No. Returned 4 Favorable 4 Unfavorable _____

INVESTIGATED: Date 7/30/26 By Whom Mrs Ruth Patrick

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON

FOSTER FAMILY INDEX CARD

NAME Hill G. W. Date Application Received 5-25-25-

ADDRESS Rt 1 Marysville

CHILD WANTED: Boy Girl Age 17
 Prot. Cath. Hebrew White Colored

Other Remarks: boy for wages

REFERENCES: No. Sent Out _____ Date _____ No. Returned _____ Favorable _____ Unfavorable _____

INVESTIGATED: Date _____ By Whom _____

ACTION TAKEN (Check)	Date	REASON
Approved		
Renewed		
Disapproved		
Withdrawn <input checked="" type="checkbox"/>	<u>2/16/25-</u>	

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>Williams Hessler</i>	<i>21</i>	<i>7/26/25</i>	<i>7/20/25</i>	<i>placed with Father.</i>

FOSTER FAMILY INDEX CARD

No. _____

NAME Hoopes Mr & Mrs Date Application Received _____

ADDRESS New Dover Ohio

CHILD WANTED: Boy Girl _____
 Prot. _____ Cath. _____ Hebrew _____ White _____ Colored _____

Other Remarks: _____

REFERENCES: No. Sent Out _____ Date _____ No. Returned _____ Favorable _____ Unfavorable _____

INVESTIGATED: Date _____ By Whom _____

ACTION TAKEN (Check)	Date	REASON
Approved		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>Britchard Walter</i>		<i>6/12/21</i>		

FOSTER FAMILY INDEX CARD

NAME Leslie Hoover Date Application Received 12/15/28

ADDRESS Peoria, O. R. D.

CHILD WANTED: Boy Girl Age 17 yrs
 Prot. Cath. Hebrew White Colored

Other Remarks:

REFERENCES: No. Sent Out 5 Date 12/3/28 No. Returned 4 Favorable 4 Unfavorable 0

INVESTIGATED: Date 12/3/28 By Whom C. L. Amer Supt.

ACTION TAKEN (Check)	Date	REASON
Approved	<u>12/7/28</u>	
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>Elvora Luke</i>	<i>349</i>	<i>12/29/28</i>		

FOSTER FAMILY INDEX CARD

NAME L. W. Hotchkiss Date Application Received 6/12/28
 ADDRESS 657 N. Sandusky St. Mt. Vernon, O
 CHILD WANTED: Boy Girl Age 13
 Prot. Cath. Hebrew White Colored
 Other Remarks: Wage Home
 REFERENCES: No. Sent Out 5 Date 6/11/28 No. Returned 5 Favorable 4 Unfavorable 1
 INVESTIGATED: Date 7/1/28 By Whom Supt & matron

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>	<u>7/1/28</u>	
Renewed <input type="checkbox"/>		
Disapproved <input type="checkbox"/>		
Withdrawn <input type="checkbox"/>		

REMARKS about home, or subsequent developments:
Payed wages until Nov. 28 then agreed to send to school & buy cloths until school out when she would again rec. wages.

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>Margaret Hickman</i>	<i>525</i>	<i>7/1/28</i>		

FOSTER FAMILY INDEX CARD

NAME Howsman H. D. Date Application Received 9/1/27
 ADDRESS Ostrander O.
 CHILD WANTED: Boy Girl Age 15-
 Prot. Cath. Hebrew White Colored
 Other Remarks: _____
 REFERENCES: No. Sent Out 5- Date 9/7/27 No. Returned 3 Favorable _____ Unfavorable 3
 INVESTIGATED: Date no By Whom no.

ACTION TAKEN (Check)	Date	REASON
Approved	<u>10/7/27</u>	
Renewed		
Disapproved <input checked="" type="checkbox"/>		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON

FOSTER FAMILY INDEX CARD

NAME Izenbarger W.C. Date Application Received no date

ADDRESS Marysville 15-8 W 2nd St.

CHILD WANTED: Boy Girl Age _____
 Prot. Cath. Hebrew White Colored

Other Remarks: No paper except appli.

REFERENCES: No. Sent Out _____ Date _____ No. Returned _____ Favorable _____ Unfavorable _____

INVESTIGATED: Date _____ By Whom _____

ACTION TAKEN (Check)	Date	REASON
Approved		
Renewed		
Disapproved		
Withdrawn ✓		<u>Party changed their mind</u>

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON

FOSTER FAMILY INDEX CARD

NAME T. C. Jacobs Date Application Received 12/10/28

ADDRESS Russells Point, O. Logan Co.

CHILD WANTED: Boy Girl Age 4
 Prot. Cath. Hebrew White Colored

Other Remarks:

REFERENCES: No. Sent Out..... Date..... No. Returned..... Favorable..... Unfavorable.....

INVESTIGATED: Date..... By Whom.....

ACTION TAKEN (Check)	Date	REASON
Approved	<u>12/19/28</u>	
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
Edua Cornell	717	12/19/28		

FOSTER FAMILY INDEX CARD

NAME W. O. Jewett Date Application Received 4/23/28

ADDRESS 2358 Summit St. Columbus, O.

CHILD WANTED: Boy Girl Age 15
 Prot. Cath. Hebrew White Colored

Other Remarks: Wages

REFERENCES: No. Sent Out 5 Date 4/23/28 No. Returned 5 Favorable 5 Unfavorable 5

INVESTIGATED: Date _____ By Whom _____

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>	<u>5/27/28</u>	
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
Ada Jenkins	554	5/27/28	7/31/28	Brought back to - Cause she never went to W. O Jewett Home but to sister of Mrs Jewett and Home not satisfactory

FOSTER FAMILY INDEX CARD

No.

NAME Kerns Floyd C Date Application Received 9/4/27

ADDRESS R.D. Perris Ohio

CHILD WANTED: Boy Girl Age 16
 Prot. Cath. Hebrew White Colored

Other Remarks:

REFERENCES: No. Sent Out 5- Date 9/17/27 No. Returned 5- Favorable 5- Unfavorable

INVESTIGATED: Date 9/12/27 By Whom Supt.

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>	<u>10/7/27</u>	
Renewed <input type="checkbox"/>		
Disapproved <input type="checkbox"/>		
Withdrawn <input type="checkbox"/>		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>Luke Elmor</i>	<i>9</i>	<i>9/4/27</i> <i>11/11/27</i>	<i>11/4/27</i>	<i>J.B. suspected.</i>

FOSTER FAMILY INDEX CARD

NAME Daisy Koppert Date Application Received 9/5/28

ADDRESS Howard, O. R. 2

CHILD WANTED: Boy Girl Age 12
 Prot. Cath. Hebrew White Colored

Other Remarks: _____

REFERENCES: No. Sent Out 5 Date 9/10/28 No. Returned 5 Favorable 5 Unfavorable _____

INVESTIGATED: Date 9/12/28 By Whom Supt & Matron

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>	<u>9/12/28</u>	
Renewed <input type="checkbox"/>		
Disapproved <input type="checkbox"/>		
Withdrawn <input type="checkbox"/>		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>Dallas Clevinger</i>	<i>482</i>	<i>9/12/28</i>		

FOSTER FAMILY INDEX CARD

NAME J. C. Jacobs Date Application Received 5/28/28
 ADDRESS Russells Point, O. Logan Co.
 CHILD WANTED: Boy Girl Age 10
 Prot. Cath. Hebrew White Colored
 Other Remarks: Talking adoption
 REFERENCES: No. Sent Out 5 Date 5/28/28 No. Returned 5 Favorable 5 Unfavorable 5
 INVESTIGATED: Date 6/1/28 By Whom Supt & Matron

ACTION TAKEN (Check)	Date	REASON
Approved	<u>6/1/28</u>	
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>Mable Hickman</i>	<i>527</i>	<i>6/1/28</i>		

FOSTER FAMILY INDEX CARD

NAME Edward Klump Date Application Received 7/12/28

ADDRESS Delaware, O. R. 2

CHILD WANTED: Boy Girl Age 13
 Prot. Cath. Hebrew White Colored

Other Remarks: _____

REFERENCES: No. Sent Out 5 Date 7/26/28 No. Returned 5 Favorable 5 Unfavorable _____

INVESTIGATED: Date 5/7/28 By Whom Supt. + Trustee Mrs. Lou Graham

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>	<u>5/7/28</u>	
Renewed <input type="checkbox"/>		
Disapproved <input type="checkbox"/>		
Withdrawn <input type="checkbox"/>		

REMARKS about home, or subsequent development
agreed to buy cloths + send to school.

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
Alvin Shaw	599	5/7/28	10/2/28	Never bought cloths & said if boy had to attend school & study at home he would be of no assistance to him, refused to pay any wages for sum- mers work.

FOSTER FAMILY INDEX CARD

No.

NAME Knox B.W. Date Application Received 4/29/26

ADDRESS Raymond O

CHILD WANTED: Boy Girl Age 14
 Prot. Cath. Hebrew White Colored

Other Remarks: _____

REFERENCES: No. Sent Out: 5 Date _____ No. Returned: 5 Favorable 5 Unfavorable _____

INVESTIGATED: Date 5/13-26 By Whom Mrs Ruth Patrick

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
Jean Rivers Ada " "		5/29/26	7/18/26	Girl unsatisfactory
Williams Addie " "		7/18/26	9/23/27	removed by Probation officer

FOSTER FAMILY INDEX CARD

No.

NAME Livingston J. R. Date Application Received _____
 ADDRESS 1442 Highland Ave Col. O.

CHILD WANTED: Boy Girl _____
 Prot. Cath. Hebrew White Colored

Other Remarks: Inquire for address of James Cody 117 McWilliam Ave. Columbus.

REFERENCES: No. Sent Out _____ Date _____ No. Returned _____ Favorable _____ Unfavorable _____

INVESTIGATED: Date _____ By Whom _____

ACTION TAKEN (Check)	Date	REASON
Approved		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
Luke William E.	3	3/17/20		

FOSTER FAMILY INDEX CARD

NAME Loveless C. D. Date Application Received 3/31/24

ADDRESS R 3 Marysville

CHILD WANTED: Boy Girl Age 10
 Prot. Cath. Hebrew White Colored

Other Remarks: No more paper made out

REFERENCES: No. Sent Out 5 Date 4/1/24 No. Returned 1 Favorable 1 Unfavorable 0

INVESTIGATED: Date _____ By Whom _____

ACTION TAKEN (Check)	Date	REASON
Approved		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON

FOSTER FAMILY INDEX CARD

No.

NAME Lytle C. C. Date Application Received 6/11/25

ADDRESS P 4 Richmond O.

CHILD WANTED: Boy Girl Age 4
 Prot. Cath. Hebrew White Colored

Other Remarks:

REFERENCES: No. Sent Out Date No. Returned Favorable Unfavorable

INVESTIGATED: Date 4/27/24 By Whom Miss Ruth Patrick

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>Miller Isabella</i>	<i>570</i>	<i>6/11/25-</i>	<i>6/18/25-</i>	<i>P</i>

FOSTER FAMILY INDEX CARD

No.

NAME McCully Charley Date Application Received 1/3/25

ADDRESS North Lewisburg

CHILD WANTED: Boy _____ Girl Age 10
 Prot. Cath. _____ Hebrew _____ White Colored _____

Other Remarks: _____

REFERENCES: No. Sent Out 5 Date 1/5/25 No. Returned 4 Favorable 4 Unfavorable _____

INVESTIGATED: Date 1/10/25 By Whom Mrs Ruth Patrick

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>White Anna Belle</i>		<i>1/11/25</i>	<i>6/8/27</i>	<i>Girl dissatisfied</i>

FOSTER FAMILY INDEX CARD

No.

NAME McConerghy Mr and Mrs Date Application Received _____

ADDRESS 422 Washington St Urbana Ohio

CHILD WANTED: Boy Girl Age 3
 Prot. Cath. Hebrew White Colored

Other Remarks: _____

REFERENCES: No. Sent Out _____ Date _____ No. Returned _____ Favorable _____ Unfavorable _____

INVESTIGATED: Date _____ By Whom _____

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>	<u>3</u>	
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:
Mr and Mrs McConerghy are living with Mrs McConerghy mother and father Mr and Mrs John Calbert, 422 Washington St Urbana O.

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>Holladay Albert Leroy</i>	435	12/23/23		

FOSTER FAMILY INDEX CARD

No.

NAME McMillen John Date Application Received _____

ADDRESS 3 miles West of Richmond O.

CHILD WANTED: Boy Girl Age _____
 Prot. Cath. Hebrew White Colored

Other Remarks: _____

REFERENCES: No. Sent Out _____ Date _____ No. Returned _____ Favorable _____ Unfavorable _____

INVESTIGATED: Date _____ By Whom _____

ACTION TAKEN (Check)	Date	REASON
Approved		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>Fletcher Edith</i>	<i>25-</i>	<i>9/30/19</i>		

FOSTER FAMILY INDEX CARD

No.

NAME Martin A. U. Date Application Received 6/22/27

ADDRESS R 1 Marysville

CHILD WANTED: Boy Girl Age 17
 Prot. Cath. Hebrew White Colored

Other Remarks:

REFERENCES: No. Sent Out 5- Date No. Returned 1 Favorable Unfavorable 1

INVESTIGATED: Date By Whom

ACTION TAKEN (Check)	Date	REASON
Approved		
Renewed		
Disapproved <input checked="" type="checkbox"/>		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON

FOSTER FAMILY INDEX CARD

NAME Masselli Eugene Date Application Received 4/3/24

ADDRESS Columbus O. a Catholic home.

CHILD WANTED: Boy _____ Girl Age 11
 Prot. _____ Cath. _____ Hebrew _____ White Colored _____

Other Remarks: No papers except application

REFERENCES: No. Sent Out _____ Date _____ No. Returned _____ Favorable _____ Unfavorable _____

INVESTIGATED: Date _____ By Whom _____

ACTION TAKEN (Check)	Date	REASON
Approved		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON

FOSTER FAMILY INDEX CARD

No.

NAME Mousley Marion Date Application Received 8/5/27

ADDRESS R D Marysville

CHILD WANTED: Boy Girl Age _____
 Prot. Cath. Hebrew White Colored

Other Remarks: Wage girl desired.

REFERENCES: No. Sent Out _____ Date _____ No. Returned _____ Favorable _____ Unfavorable _____

INVESTIGATED: Date _____ By Whom _____

ACTION TAKEN (Check)	Date	REASON
Approved		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>Genkins Edna</i>	<i>553</i>	<i>8/7/27</i>	<i>12-7-27</i>	<i>Replaced for wages.</i>

FOSTER FAMILY INDEX CARD

No.

NAME Myers Elton Date Application Received _____

ADDRESS Pharisburg O.

CHILD WANTED: Boy _____ Girl Age 12
 Prot. Cath. _____ Hebrew _____ White Colored _____

Other Remarks: _____

REFERENCES: No. Sent Out 5 Date 12/24/26 No. Returned 5 Favorable 5 Unfavorable _____

INVESTIGATED: Date 9 By Whom Mrs Ruth Patrick

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>	<u>9</u>	
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
Huffman Mary Belle		1/1/27	2/20/27	

FOSTER FAMILY INDEX CARD

No. _____

NAME Myers M. M. Date Application Received 2/9/27

ADDRESS Marionville R 5-

CHILD WANTED: Boy _____ Girl Age 16
 Prot. Cath. _____ Hebrew _____ White Colored _____

Other Remarks: _____

REFERENCES: No. Sent Out 25- Date 2/28/27 No. Returned 2 Favorable 1 Unfavorable 1

INVESTIGATED: Date _____ By Whom _____

ACTION TAKEN (Check)	Date	REASON
Approved		
Renewed		
Disapproved <input checked="" type="checkbox"/>		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
Glass Ruth				ref unfavourable

FOSTER FAMILY INDEX CARD

No.

NAME *Nave M^{and} Mrs J. P.* Date Application Received *12/28/23*

ADDRESS *Urbana Ohio*

CHILD WANTED: Boy Girl Age *3*
 Prot. Cath. Hebrew White Colored

Other Remarks: *Divorce - remarried Hazel M. Coners they living with parents*

REFERENCES: No. Sent Out *5* Date *12/29/23* No. Returned *all* Favorable *all* Unfavorable

INVESTIGATED: Date *9* By Whom

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>	<i>9</i>	
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

Mrs Nave has divorced and re-married but lives with her parents, John Calvert, who assume responsibility of ch.

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>Holliday Albert Leroy goes by name of John Calbut Phone 1058 Urbana.</i>	<i>435</i>	<i>12/23/23</i>		

FOSTER FAMILY INDEX CARD

No.

NAME Organ Cleo Date Application Received 8/5/27

ADDRESS Peoria

CHILD WANTED: Boy Girl Age 7 or 9
 Prot. Cath. Hebrew White Colored

Other Remarks: _____

REFERENCES: No. Sent Out 5- Date 6/9/27 No. Returned 5- Favorable 5- Unfavorable _____

INVESTIGATED: Date 8/18/27 By Whom Supt and Matron

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>Potts Viola</i>		<i>8/20/27</i>	<i>8/23/27</i>	<i>Foster Mother Hysteria</i>

FOSTER FAMILY INDEX CARD

NAME Peckinpugh Robert Date Application Received 9/10/28

ADDRESS 117 Bronson St., Columbus, O.

CHILD WANTED: Boy Girl Age 19
 Prot. Cath. Hebrew White Colored

Other Remarks: Wages

REFERENCES: No. Sent Out.....Date.....No. Returned.....Favorable.....Unfavorable.....

INVESTIGATED: Date.....By Whom.....

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>	<u>9/10/28</u>	
Renewed <input type="checkbox"/>		
Disapproved <input type="checkbox"/>		
Withdrawn <input type="checkbox"/>		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>Addie Williams</i>	<i>23</i>	<i>9/10/28</i>	<i>9/28/28</i>	<i>Home sick -</i>

FOSTER FAMILY INDEX CARD

No.

NAME Price Mr. & Mrs. James Date Application Received.....

ADDRESS Richwood O.

CHILD WANTED: Boy Girl Age
 Prot. Cath. Hebrew White Colored

Other Remarks:.....

REFERENCES: No. Sent Out..... Date..... No. Returned..... Favorable..... Unfavorable.....

INVESTIGATED: Date..... By Whom.....

ACTION TAKEN (Check)	Date	REASON
Approved		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
Luke Annabelle	8	8/25/21		

FOSTER FAMILY INDEX CARD

No. _____

NAME Miss Ethel Reed Date Application Received _____

ADDRESS Clairborne Ohio

CHILD WANTED: Boy _____ Girl Age _____
 Prot. _____ Cath. _____ Hebrew _____ White _____ Colored _____

Other Remarks: _____

REFERENCES: No. Sent Out _____ Date _____ No. Returned _____ Favorable _____ Unfavorable _____

INVESTIGATED: Date _____ By Whom _____

ACTION TAKEN (Check)	Date	REASON
Approved		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>Vanhoose Opal</i>		<i>6/20/21</i>		

FOSTER FAMILY INDEX CARD

No. _____

NAME Richman Willis Date Application Received 6/30/24

ADDRESS Marysville O

CHILD WANTED: Boy Girl Age 12
 Prot. Cath. Hebrew White Colored

Other Remarks: _____

REFERENCES: No. Sent Out _____ Date 7/2/24 No. Returned 4 Favorable 1 Unfavorable 3

INVESTIGATED: Date _____ By Whom _____

ACTION TAKEN (Check)	Date	REASON
Approved		
Renewed		
Disapproved <input checked="" type="checkbox"/>		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
9 1				

FOSTER FAMILY INDEX CARD

NAME Roberts Klara L. Date Application Received 3/24/23
 ADDRESS Columbus 294 Woodland Ave
 CHILD WANTED: Boy _____ Girl Age school age.
 Prot. _____ Cath. _____ Hebrew _____ White Colored _____
 Other Remarks: no papers
 REFERENCES: No. Sent Out _____ Date _____ No. Returned _____ Favorable _____ Unfavorable _____
 INVESTIGATED: Date _____ By Whom _____

ACTION TAKEN (Check)	Date	REASON
Approved		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON

FOSTER FAMILY INDEX CARD

No.

NAME Sever Elmer E. Date Application Received 9

ADDRESS Delaware

CHILD WANTED: Boy Girl Age 12
 Prot. Cath. Hebrew White Colored

Other Remarks: _____

REFERENCES: No. Sent Out 5 Date 1/19/26 No. Returned 4 Favorable 3 Unfavorable 1

INVESTIGATED: Date 9 By Whom _____

ACTION TAKEN (Check)	Date	REASON
Approved		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON

FOSTER FAMILY INDEX CARD

No.

NAME Shaw Floyd Date Application Received 3/18/24

ADDRESS R. Peoria O.

CHILD WANTED: Boy _____ Girl Age 13
 Prot. Cath. _____ Hebrew _____ White Colored _____

Other Remarks: _____

REFERENCES: No. Sent Out 5 Date 3/18/24 No. Returned 5 Favorable 5 Unfavorable _____

INVESTIGATED: Date 4/27/24 By Whom Mrs Ruth Patrick

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>	<u>5/29/24</u>	
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>Glass Ruth</i>	<i>5-</i>	<i>4/29/24</i>	<i>6/22/25</i>	<i>Dissatisfactory</i>

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>Shaw Evan</i>	<i>5-98</i>	<i>11/5/25</i>		

FOSTER FAMILY INDEX CARD

No.

NAME Shively Mr & Mrs Gilbert Date Application Received 12-13-25

ADDRESS Delaware O.

CHILD WANTED: Boy Girl Age 3
 Prot. Cath. Hebrew White Colored

Other Remarks: _____

REFERENCES: No. Sent Out 5 Date 12/15/25 No. Returned 5 Favorable 5 Unfavorable 5

INVESTIGATED: Date (12/19/25-?) By Whom matron

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>	<u>P</u>	
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>Shaw Margaret</i>	<i>602</i>	<i>12/19/25</i>		

FOSTER FAMILY INDEX CARD

No.

NAME Simpkins S. T. Date Application Received 3/18/25-

ADDRESS Raymond O.

CHILD WANTED: Boy Girl Age 15
 Prot. Cath. Hebrew White Colored

Other Remarks: _____

REFERENCES: No. Sent Out 5 Date 3/25/26- No. Returned 5 Favorable 4 Unfavorable _____

INVESTIGATED: Date ? By Whom Mrs Ruth Patrick

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>	<u>?</u>	
Renewed <input type="checkbox"/>		
Disapproved <input type="checkbox"/>		
Withdrawn <input type="checkbox"/>		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
Luke Elmer " "	9 "	4/6/25	12/1/26	Home unsatisfactory

FOSTER FAMILY INDEX CARD

NAME Smallwood, G. Date Application Received 9/6/24
 ADDRESS Marysville 239-4th St
 CHILD WANTED: Boy Girl Age 12
 Prot. Cath. Hebrew White Colored
 Other Remarks: No papers
 REFERENCES: No. Sent Out..... Date..... No. Returned..... Favorable..... Unfavorable.....
 INVESTIGATED: Date..... By Whom.....

ACTION TAKEN (Check)	Date	REASON
Approved		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON

FOSTER FAMILY INDEX CARD

No. _____

NAME W. M. Stanley Date Application Received _____

ADDRESS Urbana O.

CHILD WANTED: Boy _____ Girl _____ Age _____
 Prot. _____ Cath. _____ Hebrew _____ White _____ Colored _____

Other Remarks: Father of girl

REFERENCES: No. Sent Out _____ Date _____ No. Returned _____ Favorable _____ Unfavorable _____

INVESTIGATED: Date _____ By Whom _____

ACTION TAKEN (Check)	Date	REASON
Approved		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
Stanley Claude		9-26		from home to Father.
" Grace		9 26		
" Flora		9 26		

FOSTER FAMILY INDEX CARD

No. _____

NAME Stoddard Pearl Date Application Received 9

ADDRESS Irwin

CHILD WANTED: Boy Girl Age 12
 Prot. Cath. Hebrew White Colored

Other Remarks: _____

REFERENCES: No. Sent Out 5 Date 10/11/23 No. Returned 4 Favorable 4 Unfavorable _____

INVESTIGATED: Date not any By Whom 9

ACTION TAKEN (Check)	Date	REASON
Approved		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:
No papers for further ref.

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON

FOSTER FAMILY INDEX CARD

No.

NAME *Thompson Mrs. Mandy* *Mr. Clyde* Date Application Received *6/25/23*

ADDRESS *(1 mile S. of Watkins)*

CHILD WANTED: Boy Girl Age *12*
 Prot. Cath. Hebrew White Colored

Other Remarks:

REFERENCES: No. Sent Out *5* Date *6/25/23* No. Returned *3* Favorable *3* Unfavorable *0*

INVESTIGATED: Date *7/5/23* By Whom *Mrs Ruth Patrick*

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>	<i>9</i>	
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>Potts Thomas</i>	<i>28</i>	<i>7/5/23</i>	<i>9/25/27</i>	<i>ch. died.</i>

FOSTER FAMILY INDEX CARD

No.

NAME Vogel R. W. Date Application Received 9/27/23

ADDRESS Chillicothe, O

CHILD WANTED: Boy Girl Age 3
 Prot. Cath. Hebrew White Colored

Other Remarks: _____

REFERENCES: No. Sent Out 5- Date 11/1/23 No. Returned 3 Favorable 3 Unfavorable _____

INVESTIGATED: Date _____ By Whom _____

ACTION TAKEN (Check)	Date	REASON
Approved		
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
P ,				

FOSTER FAMILY INDEX CARD

No.

NAME Walker, Frank Date Application Received _____

ADDRESS Milford Center

CHILD WANTED: Boy _____ Girl Age 18
 Prot. Cath. _____ Hebrew _____ White Colored _____

Other Remarks: Wage girl desired

REFERENCES: No. Sent Out _____ Date _____ No. Returned _____ Favorable _____ Unfavorable _____

INVESTIGATED: Date Aug 29th-27 By Whom Supt and Matron

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>	<u>9/3/27</u>	
Renewed		
Disapproved		
Withdrawn		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
Williams Adda Ellen	23	9/1/27	10/22/27	Replacement for wages.
White Maudie	470	7/16-28	7/21-28	Wife very irritable, not satisfactory place for girl.

FOSTER FAMILY INDEX CARD

NAME Wallace Elmer Date Application Received 6/29/28

ADDRESS Peoria, O. R. 2

CHILD WANTED: Boy Girl Age 18
 Prot. Cath. Hebrew White Colored

Other Remarks: Wages

REFERENCES: No. Sent Out..... Date..... No. Returned..... Favorable..... Unfavorable.....

INVESTIGATED: Date..... By Whom.....

ACTION TAKEN (Check)	Date	REASON
Approved <input checked="" type="checkbox"/>	<u>6/29/28</u>	
Renewed <input type="checkbox"/>		
Disapproved <input type="checkbox"/>		
Withdrawn <input type="checkbox"/>		

REMARKS about home, or subsequent developments:

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON
<i>E Dwight Polts</i>		<i>6/29/28</i>	<i>8/4/28</i>	<i>good Home - only wanted boy for summer.</i>

FOSTER FAMILY INDEX CARD

No.

NAME Welch James Date Application Received 6/22/27

ADDRESS R 5 - Marysville O.

CHILD WANTED: Boy Girl Age 17
 Prot. Cath. Hebrew White Colored

Other Remarks:

REFERENCES: No. Sent Out 5 Date 6/23/27 No. Returned 3 Favorable 1 Unfavorable 2

INVESTIGATED: Date By Whom

ACTION TAKEN (Check)	Date	REASON
Approved		
Renewed		
Disapproved <input checked="" type="checkbox"/>	<u>7/8/27</u>	
Withdrawn		

REMARKS about home, or subsequent developments:
Cath home and two girls reason of disapproval

CHILDREN PLACED

NAME	No.	Date Placed	Date Returned	REASON

BOARDING HOME FILE CARD

Nation-
ality

Color

Religion

Surname *Dennis James Robert - Gloria Lee*
Fo. Fa. Fo. Mo.

Address *East 6th St.* Telephone

Directions *Marysville, Ohio*

a. w. D

NAME OF CHILD	Rate of Board	Date Placed	Date Removed	NAME OF CHILD	Rate of Board	Date Placed	Date Removed
<i>Mummy Shain</i>	<i>\$8</i>	<i>1-4-48</i>					

BOARDING HOME FILE CARD

 National-
ality

Color

Religion

Surname

Dennis James Robert - Gloria Lee

Fo. Fa.

Fo. Mo.

Address

East 6th St.

Telephone

a.

w.

b

Directions

Marysville, Ohio

NAME OF CHILD	Rate of Board	Date Placed	Date Removed	NAME OF CHILD	Rate of Board	Date Placed	Date Removed
Mummy Sharon	\$8	1-4-48					

