Form V. S.
Volume 1 to 20
Number of 144

MARGIN RESERVED FOR BINDING

Write Plainly with Unfading Ink—This is a Permanent Record

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each child, in order of birth, stated

I hereby certify that this is a true copy of my file
Martha D. Nelson MD 8/17/81

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Summit X 9/30/15

Township of

or Village of

or City of Cuyahoga Falls

Registration District No. 1223 File No.

Primary Registration District No. 5495 Registered No. 19

No. St. Ward
(If birth occurred in a hospital or institution, give name instead of street and number)

FULL NAME OF CHILD Beatrice Marie Smith (If child is not yet named, make supplemental report, as directed)

Sex of Child Girl | Twin, triplet or other? (to be answered only in event of plural births) | Number in order of birth | Legitimate? Yes | Date of birth Jan. 16 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Peter Smith	FULL MAIDEN NAME	Josephine Gramowski
RESIDENCE Including P. O. Address	31 S. Main St Cuyahoga Falls O	RESIDENCE Including P. O. Address	Same
COLOR or RACE	W	COLOR or RACE	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Wilkesberry Pa	BIRTHPLACE	Mt Carmel Pa
OCCUPATION AND INDUSTRY	Rubber Worker	OCCUPATION AND INDUSTRY	Housewife

REGISTRAR

NUMBER OF CHILDREN BORN AND LIVING

Number of children born alive to this mother, including this child (if born alive) 7

Number of children of this mother living, including this child (if born alive) 7

Is child congenitally deformed? No

Was Prophylactic against Ophthalmia Neonatorum used? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child born to Mrs Peter Smith (Mother's Name) and that the child was born alive (Born Alive or Stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Van Sickle M.D.

Date Jan 31 1919 Address Cuy. Falls Ohio

Physician

PHYSICIAN OR MIDWIFE

Given name added from a supplemental report

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REGISTRAR

Filed Feb 4 1919 A. T. Leach

REGISTRAR