

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of Franklin
Township of Franklin
or
Village of Briggdale
or
City of _____
No. _____ St. _____
Ward. _____

Registration District No. 392 File No. _____
Primary Registration District No. _____ Registered No. 1144

STATISTICAL

FULL NAME OF CHILD _____

Sex of Child Male Twin, triplet, or other? - Number in order of birth _____ Legit. (mate?) Yes Date of birth Mar, 16, 1916
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
FULL NAME James Milroy
RESIDENCE Briggdale Ohio
COLOR OR RACE White AGE AT LAST BIRTHDAY 39
(Years)
BIRTHPLACE Richwood Ohio
OCCUPATION AND INDUSTRY Merchant

MOTHER
FULL MAIDEN NAME Eva Deener
RESIDENCE Briggdale Ohio
COLOR OR RACE White AGE AT LAST BIRTHDAY 27
(Years)
BIRTHPLACE Barnesville Ohio
OCCUPATION AND INDUSTRY Housewife

NUMBER OF CHILDREN BORN AND LIVING _____ Number of children of this mother living, including this child (if born alive) 2
Number of children born alive to this mother, including this child (if born alive) 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child born to Mrs. Eva Milroy and that the
(Mother's Name)
child was Born alive at 5:30 P. M., on the date above stated.
(Born alive or Stillborn)

*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) Frank C. Wright
Physician
(Physician or Midwife)

Address Briggdale Ohio
Filed MAR 20 1916, 1916 REGISTRAR J. W. Keegan

Supplemental report

Physician or Midwife

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