

DO NOT
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OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

78

Reg. Dist. No. 1391
Primary Reg. Dist. No. _____

Registrar's No. 8-7

Birth No. 134 -

TYPE OR PRINT IN PERMANENT INK

a. _____
b. _____
c. _____
CHILD
d. _____
e. _____
f. _____
g. _____
ATTENDANT
h. _____
i. _____
MOTHER
j. _____
k. _____
l. _____
FATHER
m. _____
n. _____
o. _____
p. _____
q. _____
r. _____
s. _____
t. _____
u. _____
v. _____
w. _____
x. _____
y. _____
z. _____

CHILD-NAME 1. Shirley Jean Armstrong			SEX 2. Female	DATE OF BIRTH (Month, Day, Year) 3a. January 4, 1930	HOUR 3b. 11:00 P M
HOSPITAL-NAME (If not in hospital, give street and number) 4a. 451 Thurstin Ave.			CITY, VILLAGE OR LOCATION OF BIRTH 4b. Bowling Green		COUNTY OF BIRTH 4c. Wood
REGISTRAR-SIGNATURE 5a. na				DATE RECEIVED BY LOCAL REGISTRAR 5b. February 11, 1930	
I certify that the above named child was born alive at the place and time and on the date stated above.				DATE SIGNED 6b. na	ATTENDANT-M.D., D.O., midwife, other (Specify) 6c. na
6a. SIGNATURE Clara A. Davis ATTENDANT-NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Village, State, Zip) 6e. na		
6d. Clara A. Davis					
MOTHER-MAIDEN NAME 7a. Lola Louise Seem			AGE (At time of this birth) 7b. 20	STATE OF BIRTH (If not in U.S.A., name country) 7c. Ohio	
RESIDENCE-STATE 8a. Ohio	COUNTY 8b. Wood	CITY, VILLAGE OR LOCATION 8c. Bowling Green	STREET AND NUMBER OF RESIDENCE 8d. na		INSIDE CITY LIMITS (Specify yes or no) 8e. na
MOTHER'S MAILING ADDRESS (Street or R.F.D. No., City or Village, State, Zip) (If same as above, enter Zip Code only) 9. na					
FATHER-NAME 10a. Paul Edward Armstrong			AGE (At time of this birth) 10b. 22	STATE OF BIRTH (If not in U.S.A., name country) 10c. Ohio	
11a. na				RELATION TO CHILD 11b. na	

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

RACE - (e.g., White, Black, American Indian, etc.) (Specify)		ORIGIN OR DESCENT (Italian, Mexican, German, English, Cuban, Puerto Rican, etc.) (Specify)		THIS BIRTH-Single, Twin, Triplet, etc. (Specify)	IF NOT SINGLE BIRTH-Born first, second, third, etc. (Specify)
MOTHER 12.	FATHER 13.	MOTHER 14.	FATHER 15.	16a.	16b.
PREGNANCY HISTORY Complete each section		EDUCATION-MOTHER (Specify only highest grade completed)		EDUCATION-FATHER (Specify only highest grade completed)	
LIVE BIRTHS (Do not include this Child)		Elementary or Secondary (0-12)		Elementary or Secondary (0-12)	
OTHER TERMINATIONS (Spontaneous and Induced)		College (1-4 or 5+)		College (1-4 or 5+)	
17a. Now living Number _____	17b. Now dead Number _____	17d. Before 20 weeks Number _____	17e. 20 weeks and after Number _____	19. MONTH OF PREGNANCY PRENATAL CARE BEGAN First, second, etc. (Specify) 22a.	
DATE OF LAST LIVE BIRTH (Month, Year) 17c.		DATE OF LAST OTHER TERMINATION (Month, Year) 17f.		22b. PRENATAL VISITS Total number (If none, so state)	
COMPLICATIONS OF LABOR AND/OR DELIVERY (Describe or write "none") 27.			COMPLICATIONS OF PREGNANCY (Describe or write "none") 24.		
NAME OF PROPHYLACTIC USED IN EYES OF CHILD 29.		DATE OF APPROVED TEST FOR SYPHILIS, IF NONE STATE REASON 30.		DATE OF APPROVED TEST FOR GONORRHEA, IF NONE STATE REASON 31.	

V.S. 2
5112.06 REV. 1/78

Citation:

"Wood, Ohio, United States records," images, FamilySearch (<https://www.familysearch.org/ark:/61903/3:1:33S7-L18L-7MX?view=index> : Apr 9, 2026), image 625 of 1439; Bowling Green State University (Bowling Green, Ohio).
Image Group Number: 005253742

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