

DO NOT
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RESERVED FOR
ODH DATA CODING

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

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|--|-------------------------------|--|---|--|---|
| 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) | |
| None <input type="checkbox"/> | | None <input type="checkbox"/> | | 20. BIRTH WEIGHT IN GRAMS 21. APGAR SCORE 1 min. 5 min. | |
| DATE OF LAST NORMAL MENSES BEGAN (Month, Day, Year) 23. | | GESTATION IN WEEKS CLINICAL ESTIMATE 25. WEEKS | | 24. CONCURRENT ILLNESSES OR CONDITIONS AFFECTING THE PREGNANCY (Describe or write "none") 26. | |
| COMPLICATIONS OF LABOR AND/OR DELIVERY (Describe or write "none") 27. | | NAME OF PROPHYLACTIC USED IN EYES OF CHILD 29. | | 28. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or write "none") 31. | |
| DATE OF APPROVED TEST FOR SYPHILIS, IF NONE STATE REASON 30. | | DATE OF APPROVED TEST FOR GONORRHEA, IF NONE STATE REASON | | | |

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