

PLACE OF BIRTH

STATE OF OHIO

County of CUYAHOGA

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF BIRTH

Township of .....

or

Village of .....

or

City of Cleveland

Registration District No. ....

File No. ....

No. 6606 Carnegie

Primary Registration District No. ....

Registered No. ....

18 Ward.FULL NAME OF CHILD Baby Denapfel

(If child is not yet named, make supplemental report, as directed)

Sex of Child <u>M</u>	Twin, triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate? <u>Yes</u>	Date of birth <u>2-21, 191-20</u> (Month) (Day) (Year)
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FATHER FULL NAME <u>Richard W. Denapfel</u>	MOTHER FULL MAIDEN NAME <u>Ruby Beckenbach</u>
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RESIDENCE Including P. O. Address <u>1784</u>	RESIDENCE Including P. O. Address <u>E 65 St 221</u>
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COLOR OR RACE <u>W</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)	COLOR OR RACE <u>W</u>	AGE AT LAST BIRTHDAY <u>29</u> (Years)
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BIRTHPLACE <u>Akron O</u>	BIRTHPLACE <u>Cleveland O</u>
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OCCUPATION AND INDUSTRY <u>Broker</u>	OCCUPATION AND INDUSTRY <u>Housewife</u>
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Number of children born to this mother, including present birth <u>1</u>	Number of children of this mother now living <u>1</u>	Was Prophylactic against Ophthalmia Neonatorum used? <u>Yes</u> (On request, Prophylactic and literature furnished free by OHIO STATE BOARD OF HEALTH.)
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child born to Ruby Denapfel and that the child was alive at 157 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) A. G. Heating  
519 Rose Bldg  
(Physician or Midwife)

Given name added from a supplemental report

Address .....

Filed 2-21, 191-20 D. R. Klein M.D.

REGISTRAR

REGISTRAR