

DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS

State File No. 1801

STANDARD CERTIFICATE OF BIRTH

Registered No. _____

1. PLACE OF BIRTH—

County Scioto State Ohio
 Township _____ or Village Van Wert
 City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

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

3. Sex of child M To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Legitimate? Yes 7. Date of birth Nov 2 1922 (Month, day, year)

8. FATHER Full name Joseph B Kinney

14. MOTHER Full maiden name Alice Kinney

9. Residence (Usual place of abode) If nonresident, give place and State Ohio

15. Residence (Usual place of abode) If nonresident, give place and State Ohio

10. Color or race Indian

11. Age at last birthday 30 (Years)

16. Color or race Indian

17. Age at last birthday 27 (Years)

12. Birthplace (city or place) (State or country) Ohio

18. Birthplace (city or place) (State or country) Ohio

13. Occupation Nature of Industry Laborer

19. Occupation Nature of Industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Nov 2 1922 at 4-30 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 Sarah Chapin
P. S. Spearman, M.D.
(Physician or Midwife)

Given name added from supplemental report 128-1102-128
(Month, day, year)

Address _____

Filed _____, 19____ Registrar.