

STATE OF OHIO
 Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Adams
 Township of Jefferson

Registration District No. 3004 File No. 21670

City of _____
 No. _____ Primary Registration District No. _____ Registered No. 14
APR

If birth occurs in a hospital or other institution give name of same, instead of street and number.

FULL NAME OF CHILD

Royal Brown

Sex of Child Male Length 4 1/2 Tails, Triplets, or others _____ and Number in order of birth _____ Date of birth Feb. 30 1910
(Month) (Day) (Year)

FULL NAME FATHER Lee Brown

FULL MAIDEN NAME MOTHER Mora Lucas

RESIDENCE Wausley O

RESIDENCE _____

COLOR OR RACE White AGE AT LAST BIRTHDAY 20
(Years)

COLOR OR RACE White AGE AT LAST BIRTHDAY 24
(Years)

BIRTHPLACE Ohio

BIRTHPLACE Ohio

OCCUPATION Farmer

OCCUPATION Domestic

Number of child of this mother 4 Number of children, of this mother, now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occurred on Feb. 30, 1910, at 1 P.M.

*When there was no attending physician or midwife, then the father, mother, householder, etc., should make this return.

(Signature) O. E. McHenry, M.D.
(Physician or Midwife)

Given name added from a supplemental report.

Address Wausley Ohio

Filed Apr-12 1910 Patrick Porter
Register