H

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Hardin

Township of ....
or
Village of Ada, Ohio
or
City of ....

Registration District No. 261 File No. ....

Primary Registration District No. 3490 Registered No. 37

No. .... St., ... Ward
(If birth occurred in a hospital or institution, give NAME instead of street and number)

FULL NAME OF CHILD Anna Kimbar { If child is not yet named, make supplemental report, as directed

Sex of Child	Twin, triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	6, 17, 1889

FATHER

FULL NAME Frank Kimbar

RESIDENCE Including P. O. Address Ada, Ohio

COLOR or RACE white

AGE AT LAST BIRTHDAY 39 (Years)

Birthplace (city or place) ....

(State or country) Crawford Co.

OCCUPATION

a. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

b. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ....

c. Date (month and year) last engaged in this work ...., 19....

g. Total time (years) spent in this work ....

MOTHER

FULL MAIDEN NAME Lena Mabel Goddard

RESIDENCE Including P. O. Address Ada, Ohio

COLOR or RACE white

AGE AT LAST BIRTHDAY 37 (Years)

Birthplace (city or place) ....

(State or country) Hardin Co.

OCCUPATION

d. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

e. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ....

f. Date (month and year) last engaged in this work ...., 19....

h. Total time (years) spent in this work ....

Number of children of this mother (At time of this birth and including this child) 6

(a) Born alive and now living 6 (c) Stillborn ....

(b) Born alive but now dead ....

Is child congenitally deformed? ....

Was Prophylactic against Ophthalmia Neonatorum used? ....

If stillborn, period of gestation .... { months or weeks

Cause of stillbirth .... { Before labor .... During labor ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was .... at 10 a. 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.* }

Given name added from a supplemental report ....
(Date of)

(Signed) C. L. Ames, M. D.

or Physician, Midwife

Address Ada, Ohio

Filed 6/6, 1889 E. J. Carey

REGISTRAR .... REGISTRAR