

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

Reg. Dist. No. _____
Primary Reg. Dist. No. _____

Registrar's No. _____

Birth No. 134 - 1885-3103

CHILD-NAME <i>First Middle Last</i> 1. Lizzie Niemann			SEX 2. Female	DATE OF BIRTH (Month, Day, Year) 3a. May 177 1885	HOUR 3b. Not Stated
HOSPITAL-NAME (If not in hospital, give street and number) 4a. Not Stated			CITY, VILLAGE OR LOCATION OF BIRTH 4b. Cincinnati		COUNTY OF BIRTH 4c. Hamilton
REGISTRAR-SIGNATURE 5a. Not Stated				DATE RECEIVED BY LOCAL REGISTRAR 5b. Aprx June 1885	
I certify that the above named child was born alive at the place and time and on the date stated above.			DATE SIGNED 6b. Not stated		ATTENDANT-M.D., D.O., midwife, other (Specify) 6c. Midwife
6a. SIGNATURE Mary Fraesdorf ATTENDANT-NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Village, State, Zip) 6e. Not stated		
6d. Mary Fraesdorf			6c. Midwife		
MOTHER-MAIDEN NAME <i>First Middle Last</i> 7a. Lizzie Niemann			AGE (At time of this birth) 7b. Not Stated	STATE OF BIRTH (If not in U.S.A., name country) 7c. Germany	
RESIDENCE-STATE 8a. Ohio	COUNTY 8b. Hamilton	CITY, VILLAGE OR LOCATION 8c. Cincinnati	STREET AND NUMBER OF RESIDENCE 8d. Wallace St.		INSIDE CITY LIMITS (Specify yes or no) 8e. yes
MOTHER'S MAILING ADDRESS (Street or R.F.D. No., City or Village, State, Zip) 9. Same			(If same as above, enter Zip Code only)		
FATHER-NAME <i>First Middle Last</i> 10a. Joseph Niemann			AGE (At time of this birth) 10b. Not Stated	STATE OF BIRTH (If not in U.S.A., name country) 10c. Germany	
INFORMANT'S NAME OR SIGNATURE 11a. Not Stated			RELATION TO CHILD 11b. Not stated		

I hereby certify this to be a true certified copy of the certificate on file with the Cincinnati Board of Health.

Richard L. Howard

Local Registrar, City of Cincinnati
Assistant Commissioner of Health
1525 Elm Street, Fourth Floor West, Cincinnati, OH 45210

Date of Issuance: _____

SEP 28 1993

