STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Summit

Township of ..... or Village of ..... or City of Akron

Registration District No. 1224 File No. .....

Primary Registration District No. 8493 Registered No. 2147

No. 1423 Kenmore Blvd St., 27 Ward
(If birth occurred in a hospital or institution, give NAME instead of street and number)

FULL NAME OF CHILD Ellen Elaine Snyder (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	5 31 34

FATHER

FULL NAME: Paul Aquilla Snyder

RESIDENCE Including P. O. Address: 1423 Kenmore Blvd Akron, Ohio

COLOR or RACE: white

AGE AT LAST BIRTHDAY: 32 (Years)

Birthplace (city or place): Barberton

(State or country): Ohio

OCCUPATION

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

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

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

g. Total time (years) spent in this work: 2

MOTHER

FULL MAIDEN NAME: Bertha Rebecca Zimmerman

RESIDENCE Including P. O. Address: 1423 Kenmore Blvd Akron, Ohio

COLOR or RACE: white

AGE AT LAST BIRTHDAY: 23 (Years)

Birthplace (city or place): Lewisburg

(State or country): Pa.

OCCUPATION

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

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: 5

Number of children of this mother (At time of this birth and including this child): (a) Born alive and now living: 2 (b) Born alive but now dead: 1 (c) Stillborn: .....

Is child congenitally deformed? no

Was Prophylactic against Ophthalmia Neonatorum used? yes

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 born alive (Born Alive or Stillborn) at 3:30 A m. on the date above stated.

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

(Signed) Dallas Pond, M. D.

or ....., Midwife

Address Akron, Ohio

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

Filed 6-29, 19 34 W. R. Dodd

REGISTRAR

REGISTRAR