

Department of Health



Division of Vital Statistics

MOTHER'S

CERTIFICATE

Columbus

THIS IS TO CERTIFY THAT THE ORIGINAL CERTIFICATE OF THE BIRTH OF YOUR CHILD HAS BEEN FILED AND CAREFULLY PRESERVED IN THE ARCHIVES OF THE STATE OF OHIO

NAME *Andrew Frederick Roney*DATE OF BIRTH *April 28, 1934* DISTRICT NUMBER *2057*MAIDEN NAME OF MOTHER *Lophia Putka*NAME OF FATHER *Otto Roney*RESIDENCE *Thompson, Ohio*HEALTH COMMISSIONER *Walter C. Cursey, M. D.*

*Walter W. Hartung* M. D. DIRECTOR OF HEALTH

*E. W. Plummer* CHIEF OF DIVISION