

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

PLACE OF BIRTH  
County of Cuyahoga  
Township of \_\_\_\_\_  
or  
Village of \_\_\_\_\_  
or  
City of Lakewood, O.

AUG 3 '33

Registration District No. 8119 File No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_ Registered No. 250  
No. Lakewood City Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give NAME instead of street and number)

If child is not yet named, make supplemental report, as directed

FULL NAME OF CHILD Ronald Henry Tammen

Sex of Child male Twin, triplet or other? \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legitimate? yes Date of birth July 23 1933  
(To be answered only in event of plural births)

FATHER FULL NAME Ronald Tammen MOTHER FULL MAIDEN NAME Marjorie McCann

RESIDENCE Including P. O. Address 19419 Riverview RESIDENCE Including P. O. Address Rocky River, O.

COLOR or RACE W AGE AT LAST BIRTHDAY 25 COLOR or RACE W AGE AT LAST BIRTHDAY 22  
(Years) (Years)

Birthplace (city or place) (State or country) Peoria, Ill. Birthplace (city or place) (State or country) Sharon, Penn.

OCCUPATION a. Trade, profession, or particular kind of work done, as spinner, Claim adjuster d. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
b. Industry or business in which work was done, as silk mill, Aetna Life Inc. e. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home  
c. Date (month and year) last engaged in this work \_\_\_\_\_ f. Date (month and year) last engaged in this work \_\_\_\_\_ h. Total time (years) spent in this work 2 1/2  
e. Total time (years) spent in this work 6

Number of children of this mother (At time of this birth and including this child) 2 (a) Born alive and now living 2 (c) Stillborn \_\_\_\_\_  
(b) Born alive but now dead \_\_\_\_\_ Was 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 at 7:05 P. on the date above stated.

(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) \_\_\_\_\_  
Address 15701 Detroit Ave.  
File Aug 2 1933 A. J. Phelps REGISTRAR

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