PLACE OF BIRTH

County of _____

Township of CUYAHOGA

or

Village of _____

or

City of CLEVELAND

No. Maternity Hospital

11 Ward.

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
8116

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. 15220

FULL NAME OF CHILD Hertha Emma Eisenmenger (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 (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	yes	Oct. 10, 1916

FATHER	MOTHER
FULL NAME: Hugo E. Eisenmenger	FULL MAIDEN NAME: Sonya Eschwell
RESIDENCE: 1867	RESIDENCE: Noble Rd & Clev
COLOR OR RACE: White	COLOR OR RACE: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Austria	BIRTHPLACE: Austria
OCCUPATION AND INDUSTRY: Elect. Engineer	OCCUPATION AND INDUSTRY: Housework
NUMBER OF CHILDREN BORN AND LIVING: Number of children born alive to this mother, including this child (if born alive): 1	Number of children of this mother living, including this child (if born alive): 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child born to Mrs. Hugo E. Eisenmenger (Mother's Name) and that the child was alive (Born alive or stillborn) at 5:10 P. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows any evidence of life after birth.

Given name added from a supplemental report _____, 191__

(Signature) Joseph Smith Jr.

Physician

(Physician or Midwife)

Address 615 Rose Bldg

Filed JUN 20 1917, 191__ C. E. Harrington M.D.

CERTIFIED

CITY OF CLEVELAND DEPT OF PUBLIC HEALTH

13 JUN 1964

REGISTRAR

WITNESS MY HAND AND SEAL AS LOCAL REGISTRAR OF VITAL STATISTICS