

PLACE OF BIRTH  
 County of CUYAHOGA  
 Township of \_\_\_\_\_  
 or  
 Village of \_\_\_\_\_  
 or  
 City of CLEVELAND  
 No. 3009 Stillson Ave  
13 Ward.

STATE OF OHIO  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH

Registration District No. 8118 File No. \_\_\_\_\_  
 Primary Registration District No. \_\_\_\_\_ Registered No. 6719

FULL NAME OF CHILD John Rogalski { If child is not yet named, make supplemental report, as directed

Sex of Child M Twin, triplet, or other? \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legitimate? Yes Date of birth May 16, 1915  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER FULL NAME <u>Boleslaw Rogalski</u>	MOTHER FULL MAIDEN NAME <u>Mary Deranek</u>
RESIDENCE <u>3009 Stillson Ave</u>	RESIDENCE _____

COLOR OR RACE <u>W</u>	AGE AT LAST BIRTHDAY <u>34</u> <small>(Years)</small>	COLOR OR RACE <u>W</u>	AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small>
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BIRTHPLACE <u>U.S.A.</u>	BIRTHPLACE <u>U.S.A.</u>
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OCCUPATION AND INDUSTRY <u>Laborer</u>	OCCUPATION AND INDUSTRY <u>AGW</u>
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NUMBER OF CHILDREN BORN AND LIVING Number of children born alive to this mother, including this child (if born alive) <u>7</u>	Number of children of this mother living, including this child (if born alive) <u>6</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child born to Mary Rogalski (Mother's Name) and that the child was 5 A. (Born alive or Stillborn) at 5 A. 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 other evidence of life after birth.

(Signature) Beatha Deranek  
(Physician or Midwife)

Given name added from a supplemental report  
 \_\_\_\_\_ 101  
 REGISTRAR

Address 3864 P. of the St  
 Filed MAY 2 1915 C. Ford REGISTRAR

