

PLACE OF BIRTH

County of Highland
 Township of Liberty
 or
 Village of Hillsboro
 or
 City of _____
 No. Johnson St. _____
 Ward. _____

 STATE OF OHIO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

Registration District No. 589 File No. _____
 Primary Registration District No. 2624 Registered No. _____

FULL NAME OF CHILD

Phil Maynard Hetterbran { If child is not yet named, make supplemental report, as directed

Sex of Child male Twin, triplet, or other? _____ Number in order of birth _____ Legitimate? yes Date of birth Nov. 6, 1917
 (To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
 FULL NAME William Hetterbran

MOTHER
 FULL MAIDEN NAME Nellie P Moore

RESIDENCE Hillsboro, Ohio

RESIDENCE Hillsboro, Ohio

COLOR OR RACE white AGE AT LAST BIRTHDAY 35
 (Years)

COLOR OR RACE white AGE AT LAST BIRTHDAY 33
 (Years)

BIRTHPLACE Ohio

BIRTHPLACE Ohio

OCCUPATION AND INDUSTRY Laborer

OCCUPATION AND INDUSTRY Housework

NUMBER OF CHILDREN BORN AND LIVING
 Number of children born alive to this mother, including this child (if born alive) 3

Number of children of this mother living, including this child (if born alive) 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child born to Mrs. William Hetterbran and that the
 (Mother's Name)
 child was alive at 7 A. M., on the date above stated.
 (Born alive or Stillborn)

*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) J. H. M. Brice
 Physician or Midwife

Given name added from a supplemental report

Jan. 11, 1918
J. C. C.

Address Hillsboro, Ohio

Filed Nov. 26, 1917 R. E. C.
 REGISTRAR REGISTRAR

Registrar

As Registered in Highland County Board of Health
Ruth Davidson

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each child, in order of birth, stated

State of Ohio ss

AFFIDAVIT

Registrar's No. 111

County of Highland

File No. _____

INFORMATION AS IT APPEARS ON ORIGINAL CERTIFICATE OF BIRTH

Name as recorded Phil Maynard Helderbran

Date of birth Nov. 6, 1917 Place of birth Liberty Twp., Highland
City or Village County

Father's name William Helderbran Mother's maiden name Willie P. Moore

ITEMS TO BE CORRECTED OR ADDED

Item Name Reads as Phil Maynard Helderbran Should read Phil Maynard Hildebrandt

Item Name Reads as William Helderbran Should read William Hildebrandt

Item _____ Reads as _____ Should read _____

Item _____ Reads as _____ Should read _____

PERSON SWEARING TO THE ABOVE FACTS

I, Willie M. Hildebrandt born 10-21-1884
Name Date of Birth

and residing at 45-5 Gray St. Williamsburg, Ohio, being first duly sworn,
Address

say that I am the Mother of Phil Maynard Hildebrandt
Relationship Correct spelling of name

and to the best of my knowledge the foregoing facts are true and correct.

Signature Willie M. Hildebrandt Oct 22 - 1971
Name of person executing affidavit Date Signed

Signature of NOTARY PUBLIC Wuth Davidson My commission expires 9-3-75

CERTIFIED COPY OF RECORD
As Recorded in Highland County Board of Health
Willie Hildebrandt

State of Ohio
Department of Health
Highland County

CERTIFICATE OF BIRTH REGISTRATION

THIS IS TO CERTIFY THAT THERE IS ON FILE IN THE OFFICE OF THE
HIGHLAND COUNTY DEPARTMENT OF HEALTH, HILLSBORO, OHIO, THE RECORD OF BIRTH

of Phil Maynard Helterbran SEX Male

BORN November 6, 1917 ATTENDING PHYSICIAN Dr. J.D. McBride

PLACE OF BIRTH Hillsboro, Ohio

FATHER		MOTHER	
NAME	<u>William Helterbran</u>	MAIDEN NAME	<u>Nellie P. Moore</u>
COLOR	<u>White</u> AGE <u>35</u>	COLOR	<u>White</u> AGE <u>33</u>
BIRTHPLACE	<u>Ohio</u>	BIRTHPLACE	<u>Ohio</u>
OCCUPATION	<u>Laborer</u>	OCCUPATION	<u>Housework</u>

THIS CERTIFICATE ISSUED THIS 21st DAY
OF February, 1942

Highland County Department of Health

[Signature]
HEALTH COMMISSIONER

BY Wyona Mathias
Clerk, Health Department

