

In the Matter of the
Registration of Birth

APPLICATION

of Ida Katharina Schrader

Your applicant Ida Katharina Schrader Winsmore states that applicant resides at
(Present full name of applicant)

Fly Creek New York
No. Street City, Village or Township County State of Ohio
that applicant was born in
Eastern Avenue Chillicothe Ross
No. Street City, Village or Township County State of Ohio;
that the registration of the birth of the applicant

~~XXXXXXXXXX~~
~~XXXXXXXXXXXX~~
is not recorded;

and that all of the available facts required on a certificate of birth with relation to and AS OF THE DATE OF THE BIRTH OF APPLICANT are as follows:

1. PLACE OF BIRTH:		2. USUAL RESIDENCE OF MOTHER: (At time of delivery)	
(a) County <u>Ross</u>	(a) State <u>Ohio</u>	(b) County <u>Ross</u>	(c) City, Village, Township <u>Chillicothe</u>
(b) City, Village, Township <u>Chillicothe</u>	(d) Street No. <u>Eastern Avenue</u>		
(c) Name of hospital or institution: <u>Chillicothe, Ohio</u>			
(d) Mother's stay before delivery: <u>In this community 22 yrs</u>			
3. Full name of child <u>Schrader Ida Katharina</u>		4. Date of birth <u>11/12/30</u>	
(Surname First Middle)		(Month, Day, Year)	
5. Sex: <u>F</u>	6. Twin or triplet: <u>No</u>	7. Number months of pregnancy <u>9</u>	8. Mother married? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
9. Full name <u>Schrader Thomas</u>	15. Full maiden name <u>Winsmore Catherine</u>		
(Surname First Middle)	(Surname First Middle)		
10. Color or race <u>White</u>	16. Color or race <u>White</u>		
11. Age at time of this birth <u>28 yrs</u>	17. Age at time of this birth <u>28 yrs</u>		
12. Birthplace <u>Chillicothe, Ohio</u>	18. Birthplace <u>Chillicothe, Ohio</u>		
(City, town, or county) (State or foreign country)	(City, town, or county) (State or foreign country)		
13. Usual occupation <u>Gardener</u>	19. Usual occupation <u>At home</u>		
14. Industry or business <u>Gardening</u>	20. Industry or business <u>None</u>		
21. Children born to this mother:		22. Attending Physician or Midwife	
(a) How many other children of this mother are now living? <u>One</u>		Name <u>Dr. J. B. Searles</u>	
(b) How many other children were born alive but are now dead? <u>None</u>		Address <u>Chillicothe, Ohio</u>	
(c) How many children were born dead? <u>None</u>		M. D., Midwife, or other	

Wherefore the applicant prays that the court order the registration of applicant's birth as provided by law.

The State of New York County, ss:
Ida Katharina Schrader Winsmore
(Present full name of applicant)

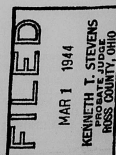
The undersigned applicant, being first duly sworn, says that the facts stated and allegations contained in the foregoing application are true as applicant verily believes.

Ida Katharina Schrader Winsmore
(Present full name of applicant)

Sworn to and subscribed before me this 26 day of January, 19 44.

(SEAL)

Henry J. Wilson
Notary Public, Ross County
(Official Title)



Quellenangabe:

<https://www.familysearch.org/ark:/61903/3:1:33S7-918Z-7QG?view=index>