Ohio Department of Health • Bureau of Vital Statistics

Finding and Order Establishing Registration of Birth

| | S FORM MUST BE TYPEWR OR THE STATE OF O | | State File No. | | | | Case File No |). | |
|------|--|--|--|--------------------------------|--|--|---|------------------------------------|-----------------|
| In t | the Probate Court of | | Wayne | | C | ounty, on t | :he | | day of |
| | | | | | | | | | |
| ora | lying that the facts of bir | | , appeared tablished in accord | | | | | vised Code | e as follo |
| | Full name at time of birth | | | | | | | | |
| | City and County of Birth | | | | Date of Birth | | Sex | Male | Fema |
| | Name of Parent (Mother) before first marriage | | | PARENT | Name of Parent | (Father) before fi | irst marriage | | |
| | Age of Parent (Mother) at time of birth | | | | Age of Parent (Father) at time of birth | | | | |
| בֿ | Birthplace of Parent (Mother) | | | | Birthplace of Parent (Father) | | | | |
| fol | lowing evidence was present | ted to the c | court to support the fac | ts of the | e place and da | ate of birth an | nd parents | of the registra | ant to wit: |
| | lowing evidence was present | Record | court to support the fac | | Birth | ate of birth an | | 1 | ant to wit: |
| | • | Record | T | | Birth | | | 1 | |
| | • | Record | T | | Birth | | | 1 | |
| | • | Record | T | | Birth | | | 1 | |
| | ument or name of witness | Record Date | Documented place | of birt | Birth Date | Parent | Name | Paren | t Name |
| ocı | ument or name of witness | Record Date | Documented place | of birt | Birth Date | Parent | Name | Paren | t Name |
| oci | I, La | Record Date | Documented place /iles _County, Ohio, do her | of birtl | Birth Date Judge and extify that the a | Parent | Name | Paren | t Name |
| OCL | I, | Record Date | /iles _County, Ohio, do her | of birth | Judge and extify that the a | Parent c-officio Clerk | Name of the Pro e summary | Paren bate Court in y of the reco | and of |
| DCL | I, La for Wayne the finding and order of this C | Record Date | /iles _County, Ohio, do her action for the registration. I hereby transmit the | eby cer | Judge and extify that the ate birth of summary to the summary to t | Parent c-officio Clerk bove is a true he State Dire | Name of the Pro e summary | Paren bate Court in y of the reco | and of, |
| ocu | I, La for Wayne the finding and order of this C Case Number_ | Record Date atecia E. Was court in an a | /iles _County, Ohio, do her action for the registration. I hereby transmit the sureau of Vital Statistics. | eby cer on of the within | Judge and extify that the about the birth of summary to the blumbus, Ohio | Parent K-officio Clerk bove is a true the State Dire o, as provided | Name of the Property of Head by law. I | Paren bate Court in y of the reco | and of,,,,,,, . |

HEA 2745 (4/19) WC Form 27.0.4

Deputy Clerk