



VERIFY PRESENCE OF ODH WATERMARK HOLD TO LIGHT TO VIEW

STATE OF OHIO OFFICE OF VITAL STATISTICS

CERTIFICATION OF BIRTH

STATE FILE NUMBER	1959000113	DATE RECORD FILED	1/12/1959
NAME	MICHAEL BICKELMEYER	SEX	MALE
DATE OF BIRTH	Jan 04, 1959		
PLACE OF BIRTH	CLEVELAND		
MOTHER'S NAME	RUTH ANN MARIE BICKELMEYER	MAIDEN PRICE	
MOTHER'S BIRTHPLACE	OHIO		
FATHER'S NAME	DELBERT BICKELMEYER		

Note:

This is a true certification of the name and birth facts as recorded in the Office of Vital Statistics. Witness my signature and seal of the Department of Health this 16th day of April, 2010

Local Registrar of Vital Statistics

H 254,1620



REV. 6/2009

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED
VERIFY PRESENCE OF ODH WATERMARK HOLD TO LIGHT TO VIEW



OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

Reg. Dist. No. 18
Primary Reg. Dist. No. 1802

Registrar's No. 113

1. PLACE OF BIRTH
a. CITY, VILLAGE, OR LOCATION Cuyahoga
b. STATE Ohio
c. COUNTY Cuyahoga

2. USUAL RESIDENCE OF MOTHER (When less mother born)
a. CITY, VILLAGE, OR LOCATION Cleveland
b. STATE Ohio
c. COUNTY Cuyahoga

3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address)
University Hospital

4. IS PLACE OF BIRTH INSIDE CITY LIMITS?
YES NO

5. IS RESIDENCE INSIDE CITY LIMITS?
YES NO

6. SEX M F
7. NAME Michael

8. DATE OF BIRTH
a. MONTH January
b. DAY 4
c. YEAR 1999

9. AGE (At time of this birth)
20 YEARS

10. BIRTHPLACE (State or foreign country)
Paris, Ohio

11. MAIDEN NAME (If any)
Ruth Ann Marie Price

12. INFORMANT'S NAME OR SIGNATURE
Marion E. Black

13. MOTHER'S MAILING ADDRESS
Cleveland, Ohio

14. AOB (At time of this birth)
White

15. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth)
a. In many other children born since birth all-e but are now living: None
b. How many other children born since birth all-e but are now dead: None
c. How many other children born since birth all-e but are now dead at any time after conception: None

16. DATE SEROLOGIC TEST FOR SYPHILIS
6/3/98

17. SIGNATURE
Marion E. Black

18. ADDRESS
Cleveland, Ohio

19. DATE SIGNED
1/7/99

20. DATE INC. BY LOCAL REG.
1-11-99

21. REGISTRAR'S SIGNATURE
[Signature]

22. DATE ON WHICH GIVEN NAME ADDED
1/7/99

23. OTHER (Specify)
None

BY _____ REGISTRAR

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filed in)

OCT 28 1998

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