

¹PLACE OF BIRTH. Dist. No. 1901
(To be inserted by Registrar)

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS

County of Los Angeles

STANDARD CERTIFICATE OF BIRTH

Local Registered No. 2826

City or Town of Los Angeles
or Rural Registration District _____
(No. 3055 Eagle St.; 9 Ward)

[If birth occurred in a hospital or institution, give its NAME instead of street and number.]

²FULL NAME OF CHILD EDWARD JESSE ORNDORFF

[If child is not yet named, make supplemental report as directed.]

PERSONAL AND STATISTICAL PARTICULARS

⁸ SEX OF CHILD <u>Male</u>	⁴ Twin, Triplet, or Other _____	⁹ Number in Order of Birth _____	⁶ DATE OF BIRTH <u>August 23</u> 19 <u>09</u> (Month) (Day) (Year)	
⁷ FULL NAME <u>Jesse W. Orndorff</u>			¹³ FULL MAIDEN NAME <u>Margaret A. Henneberry</u>	
⁹ RESIDENCE <u>3055 Eagle Str.</u> City State			¹⁴ RESIDENCE <u>3055 Eagle Str.</u> City State	
¹⁰ COLOR OR RACE <u>American</u>	¹⁰ AGE AT LAST BIRTHDAY <u>28</u> (Years)	¹⁵ COLOR OR RACE <u>American</u>	¹⁶ AGE AT LAST BIRTHDAY <u>26</u> (Years)	
¹¹ BIRTHPLACE <u>Illinois</u> (State or country)		¹⁷ BIRTHPLACE <u>Illinois</u> (State or country)		
¹² OCCUPATION (a) Trade, profession or particular kind of work <u>Base Ball Player</u>		¹⁸ OCCUPATION (a) Trade, profession or particular kind of work <u>Housewife</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) _____		(b) General nature of industry, business, or establishment in which employed (or employer) _____		
^{18a} Was a prophylactic for Ophthalmia Neonatorum used? <u>--</u> If so, what? _____		¹⁹ Number of children born to this mother, including present birth <u>2nd</u>		
		²⁰ Number of children of this mother now living <u>2</u>		

²¹CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

and that it occurred on

I hereby certify that I attended the birth of this child, Edward, August 23, 1909 at 7:35 A.
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) WILLIAM BARNHART

Dated _____ (Physician, midwife, father, etc.)

Given name added from a supplemental report 11/24/41 19____

Address 615 Euclid Ave.

N.T.
Registrar

²²Filed Aug. 24, 1909 L.M. Powers, M.D.
Registrar or Deputy

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
READ THE INSTRUCTIONS ON BACK OF THIS CERTIFICATE

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

Form 2.

PLACE OF BIRTH
COUNTY OF LOS ANGELES

CALIFORNIA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Town of LOS ANGELES CITY
OR
City of _____

DUPLICATE—CERTIFICATE OF BIRTH

State Index No. _____
Local Registered No. _____

(No. 3055 Eagle Street; 9 Ward)

[If birth occurred in a Hospital or Institution give its NAME instead of street and number.]

Full Name of Child Edward Jesse Orndorff

[If child is not yet named, make supplemental report, as directed.]

Date of birth August 23 1909
(Month) (Day) (Year)

PERSONAL AND STATISTICAL PARTICULARS

SEX OF CHILD <u>male</u>	COLOR OR RACE OF CHILD <u>White</u>	Twin, Triplet, or other? <u>single</u> and {	Number in order of birth <u>—</u>	Legitimate? <u>yes</u>
FULL NAME FATHER <u>Jesse W. Orndorff</u>	FULL MAIDEN NAME MOTHER <u>Margaret A. Henneberry</u>			
RESIDENCE <u>3055 Eagle St</u>	RESIDENCE <u>3055 Eagle St</u>			
COLOR OR RACE <u>American</u>	AGE AT LAST BIRTHDAY <u>28</u> (Years)	COLOR OR RACE <u>American</u>	AGE AT LAST BIRTHDAY <u>26</u> (Years)	
BIRTHPLACE (State or Country) <u>Ills.</u>	BIRTHPLACE (State or Country) <u>Ills.</u>			
OCCUPATION <u>Base Ball Player</u>	OCCUPATION <u>Housewife</u>			
Number of Child of this mother <u>2nd</u>		Number of Children, of this mother, now living <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occurred on Aug. 23, 1909, at 7:30 A.M.

{ *When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signature) William Bamhart

(Physician or midwife)

Given name added from a supplemental report

Address 615 Euclid Ave. N. Howard St.

11-24-1941
M.J.
Registrar.

Filed Aug 24 1909
Registrar.

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Conny B. McCormack

CONNIE B. McCORMACK
Registrar-Recorder/County Clerk

AUG 01 2000

19-754439

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.





CERTIFICATE OF BAPTISM

Edward Jesse Orndorff

Born on the 23 day of August, 1909

In Los Angeles California
City

Child of Jesse W. T. Orndorff

and Margaret Anna Hennenberry

was

BAPTIZED

in the name of the Father, and of the Son, and of the Holy Spirit

by Rev. John Nghi Tran

at Our Lady of the Assumption Church
Church

Claremont California
City

on the 10 day of March, 2001

Godparents Julianna Kaitting

Rev. John Nghi Tran 3/10/2001
Signature Date

**There is one Lord, one faith, one baptism,
One God and Father of all.
Ephesians 4:5-6**

