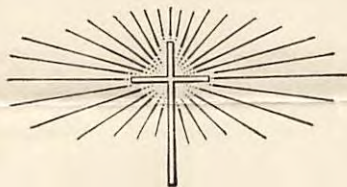


Certificate of Baptism



Church of

St. Brendan

This is to Certify

That *Genevieve Anne Oradorff*

Child of *Edward J. Oradorff*

and *Helen Ferrigan*

born in *Los Angeles Cal.* on the

25th day of *Nov.* 1937 was Baptized

on the *9th* day of *Jan.* 1938

According to the Rite of the Roman Catholic Church

by the Rev. *Leo Mackey*

the Sponsors being *Wm. Brownyard*

and *Harriet Ferrigan* as appears from

the Baptismal Register of this Church.

Dated *Jan. 10th 1938*

Leo Mackey Asst. Pastor.



ST. BRENDAN'S CHURCH

Third and Van Ness

Los Angeles 5, Calif.

Certificate of First Communion

OFFICIAL COPY

This is to Certify,

that Matthew Carlton Burke Orndorff

~~Son~~ } of Edward Orndorff
~~Daughter~~ }

and Helen Harrigan Orndorff

received **First Holy Communion**

from the Rev. Thomas F. Fogarty

at **St. Brendan's Church** on

the 15 day of May A.D. 1949

according to the rite of the Roman Catholic Church,

as appears from the register of this Church.

This certificate issued by

Rev. Thomas F. Fogarty
Pastor

CHURCH SEAL
HERE

15 day of May A.D. 1949



ST. BRENDAN'S CHURCH

Third and Van Ness

Los Angeles 5, Calif.

Certificate of Baptism

OFFICIAL COPY

This is to Certify,

that Matthew Carlton Burke Oudorff

child of Edward Jesse Oudorff

and Helena Marie Harrigan

was born on the 9th day of August

A. D. 1941 and was baptized in this Church on

the 18th day of July A. D. 1943

according to the rite of the Roman Catholic Church

by the Rev. Francis M. Osborne

the sponsors being Helena Cecilia Harrigan

and _____

as appears from the baptismal register of this Church.

This certificate issued by

Rev. Thomas J. Fogarty Pastor

21 day of January A. D. 1958

CHURCH SEAL
HERE

Certificate of Marriage

(TO BE GIVEN TO THE PARTIES MARRIED)

STATE OF CALIFORNIA

COUNTY OF LOS ANGELES

I HEREBY CERTIFY THAT ON THE 12th DAY OF September, 1936

AT _____ IN THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA,

UNDER AUTHORITY OF A LICENSE ISSUED BY L. E. LAMPTON, COUNTY CLERK OF SAID COUNTY, I, THE UNDERSIGNED, AS A Catholic Priest JOINED IN MARRIAGE

Edward J. Omdorff AND Helen Marie Harrigan
IN THE PRESENCE OF W. G. Alvarez RESIDING AT 325 1/2 Magnolia
CALIFORNIA, AND Harriet Anne Harrigan RESIDING AT 124 S. Manhattan
CALIFORNIA, WHO WITNESSED THE CEREMONY.

Rev. David J. Barry

SIGNATURE OF PERSON SOLEMNIZING MARRIAGE.

I HEREBY CERTIFY that the foregoing is a copy of the original certificate of marriage of the parties therein named.

Rev. David J. Barry

SIGNATURE OF PERSON SOLEMNIZING MARRIAGE.

¹ PLACE 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.]

² FULL NAME OF CHILD EDWARD JESSE ORNDORFF

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

PERSONAL AND STATISTICAL PARTICULARS

³ SEX OF CHILD <u>Male</u>	⁴ Twin, Triplet, or Other _____	⁵ 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>		¹⁵ 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	
⁸ 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> (b) General nature of industry, business, or establishment in which employed (or employer) _____		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) _____	
^{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>	

²¹ CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

and that it occurred on

I hereby certify that I attended the birth of this child, Edward
on the date above stated.

August 23, 1909 at 7:35 A.
(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

²² Filed 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

Department of Health

CITY OF LOS ANGELES

DIVISION OF VITAL STATISTICS

CERTIFIED COPY OF LOCAL RECORD

This is to Certify that the attached is a full, true, and correct copy
of the certificate of Birth

of Edward Jesse Orndorff

which is on file in this office, and of which I am the legal custodian.

In Testimony Whereof witness my hand and seal of office, at Los Angeles,
California, this 24 day of Nov, 19 41

Fee \$1.00

PAID

George W. Weil. M.D.

Registrar of Vital Statistics

By

Lakue Robinson

Deputy Registrar

No. 91030

A

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
Read Instructions on Back
VITAL STATISTICS

1. Carleton Burke Orndorff HARRIGAN
FULL NAME OF CHILD MAIDEN SURNAME OF MOTHER

2. PLACE OF BIRTH: (A) COUNTY LOS ANGELES
(B) CITY OR TOWN LOS ANGELES
(C) NAME OF HOSPITAL OR INSTITUTION HOLLYWOOD PRESBYTERIAN HOSPITAL
(D) MOTHER'S STAY BEFORE DELIVERY: 1 day IN THIS COMMUNITY 22 yr

3. USUAL RESIDENCE OF MOTHER: (A) LENGTH OF RESIDENCE IN CALIFORNIA: 22
(B) STATE CALIFORNIA
(C) COUNTY LOS ANGELES
(D) CITY OR TOWN LOS ANGELES
(E) STREET AND NUMBER 124 So. Manhattan Pl.

4. SEX MALE 5. TWIN OR IF SO—BORN
TRIPLET 1ST 2D 3D

6. NUMBER OF MONTHS OF PREGNANCY 8 1/2 7. DATE OF BIRTH August 9, 1941

FATHER OF CHILD MOTHER OF CHILD

8. FULL NAME Edward Jesse Orndorff 15. FULL MAIDEN NAME Helen Marie Harrigan
9. COLOR OR RACE White 10. AGE AT TIME OF THIS BIRTH 31 16. COLOR OR RACE White 17. AGE AT TIME OF THIS BIRTH 26
11. LENGTH OF RESIDENCE IN CALIFORNIA 31 18. BIRTHPLACE Butte, Montana
12. BIRTHPLACE Los Angeles, California 19. USUAL OCCUPATION Housewife
13. USUAL OCCUPATION Playground Director 20. INDUSTRY OR BUSINESS Home
14. INDUSTRY OR BUSINESS L.A. Board of Education 21. CHILDREN BORN TO THIS MOTHER: Miramonte School
22. MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE:
(A) HOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW LIVING? 2
(B) HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? 0
(C) HOW MANY CHILDREN WERE BORN DEAD? 0
124 So. Manhattan Place
Los Angeles, Calif.

23. I HEREBY CERTIFY, THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT THE HOUR OF 11:45 A M. ON THE DATE ABOVE STATED AND THAT THE INFORMATION GIVEN WAS FURNISHED BY Mrs. Helen Orndorff RELATED TO THIS CHILD AS Mother

24. DATE RECEIVED BY LOCAL REGISTRAR AUG 15 1941 ATTENDANT'S OWN SIGNATURE [Signature]
25. REGISTRAR'S SIGNATURE [Signature] D. M.D., MIDWIFE OR OTHER M.D. DATE SIGN 8/9/41
26. GIVEN NAME ADDED 9-3-41 BY [Signature] REGISTRAR ADDRESS 8000 Sunset Blvd. Los Angeles

27. (A) PREGNANCY, COMPLICATIONS OF: None (E) DID THE BABY HAVE ANY CONGENITAL MALFORMATION? no DESCRIBE:
(B) LABOR, COMPLICATIONS OF: none (F) BIRTH INJURY: no DESCRIBE:
(C) WAS THERE AN OPERATION FOR DELIVERY? yes STATE ALL OPERATIONS: Episiotomy (G) WAS A SEROLOGICAL TEST MADE FOR SYPHILIS IN THIS MOTHER? yes
(D) WAS A PROPHYLACTIC DRUG USED IN THE BABY'S EYES? Yes IF SO, AT WHAT PERIOD OF GESTATION? each labor 7/15/40
If YES, STATE DRUG AgNO₃ - 1% IF NOT, WHY NOT?

This is a true certified copy of the record if it bears the seal, imprinted in purple ink, of the Registrar-Recorder.

JAN 5 1979
[Signature] REGISTRAR-RECORDER
LOS ANGELES COUNTY, CALIFORNIA



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

Read Instructions on Back

VITAL STATISTICS

1. **CHARLES ROBERT ORNDORFF**
FULL NAME OF CHILD

2. PLACE OF BIRTH: (A) COUNTY: Los Angeles
(B) CITY OR TOWN: Los Angeles
(C) NAME OF HOSPITAL OR INSTITUTION: Park View Hospital
(D) MOTHER'S STAY BEFORE DELIVERY: 5 hrs. IN THIS COMMUNITY: 24 yrs.
IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION
IN HOSPITAL OR INSTITUTION, SPECIFY WHETHER YEARS, MONTHS, OR DAYS

3. USUAL RESIDENCE OF MOTHER: (A) LENGTH OF RESIDENCE IN CALIFORNIA: 34 YEARS MONTHS DAYS
(B) STATE: California
(C) COUNTY: Los Angeles
(D) CITY OR TOWN: Los Angeles
(E) STREET AND NUMBER: 124 S. Manhattan Pl.
IF OUTSIDE CITY OR TOWN LIMITS, STATE RURAL

4. SEX: Male
IF SO—BORN: 1ST 20 2D 30
TWIN OR TRIPLET.

5. FATHER OF CHILD
FULL NAME: Edward Jesse Orndorff
COLOR OR RACE: White
LENGTH OF RESIDENCE IN CALIFORNIA: 34 YEARS MONTHS DAYS
BIRTHPLACE: California
USUAL OCCUPATION: Defense Worker
INDUSTRY OR BUSINESS: Goodyear Tire & Rubber
CHILDREN BORN TO THIS MOTHER:
(A) HOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW LIVING? 3
(B) HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? 0
(C) HOW MANY CHILDREN WERE BORN DEAD? 0

6. NUMBER OF MONTHS OF PREGNANCY: 7 1/2
DATE OF BIRTH: July 16- 1944
MOTHER OF CHILD

7. FULL MAIDEN NAME: Helen Marie Harrigan
COLOR OR RACE: White
BIRTHPLACE: Montana
USUAL OCCUPATION: Housewife
INDUSTRY OR BUSINESS: Own Home
MOTHER'S MAILING ADDRESS FOR REGISTRATION NOTICE: 124 S. Manhattan Place Los Angeles Calif.

8. DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1944
REGISTRAR'S SIGNATURE: [Signature]
GIVEN NAME ADDED: [Signature] BY: [Signature] REGISTRAR

9. (A) PREGNANCY, COMPLICATIONS OF: None
(B) LABOR, COMPLICATIONS OF: None INDUCED? no
(C) WAS THERE AN OPERATION FOR DELIVERY? no SAYTE ALL OPERATIONS: YES OR NO
(D) WAS A PROHYLACTIC DRUG USED IN THE BABY'S EYES? no IF YES, STATE DRUG: [Signature]

10. DID THE BABY HAVE ANY CONGENITAL MALFORMATION? No DESCRIBE: —
BIRTH INJURY? No DESCRIBE: —
WAS A SEROLOGICAL TEST MADE FOR SYPHILIS IN THIS MOTHER? Yes IF SO, AT WHAT PERIOD OF GESTATION? 2nd 3rd MOS. IF NOT, WHY NOT? —

11. I HEREBY CERTIFY, THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT THE HOUR OF 8:40PM M. ON THE DATE ABOVE STATED AND THAT THE INFORMATION GIVEN WAS FURNISHED BY E. J. Orndorff

12. DATE RECEIVED BY LOCAL REGISTRAR: JUL 31 1944
REGISTRAR'S SIGNATURE: [Signature]
GIVEN NAME ADDED: [Signature] BY: [Signature] REGISTRAR

13. (A) PREGNANCY, COMPLICATIONS OF: None
(B) LABOR, COMPLICATIONS OF: None INDUCED? no
(C) WAS THERE AN OPERATION FOR DELIVERY? no SAYTE ALL OPERATIONS: YES OR NO
(D) WAS A PROHYLACTIC DRUG USED IN THE BABY'S EYES? no IF YES, STATE DRUG: [Signature]

14. DISTRICT NO. 1901 REGISTRAR'S NO. 162265

15. MAIDEN SURNAME OF MOTHER: Harrigan

16. REGISTRAR-RECORDER LOS ANGELES COUNTY CALIFORNIA

17. MAY 19 1981

18. REGISTRAR-RECORDER LOS ANGELES COUNTY, CALIFORNIA

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

U. S. DEPT. OF COMMERCE BUREAU OF THE CENSUS

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

DUPLICATE CERTIFICATE OF BIRTH

State Index No.

City of

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

PERSONAL AND STATISTICAL PARTICULARS

SEX OF CHILD	male	COLOR OR RACE OF CHILD	White	Twin, Triplet, or other?	single	Number in order of birth	—	Legitimate?	yes	
FULL NAME	Jesse W. Orndorff. FATHER			MARGARET A. HENNEBERRY MOTHER						
RESIDENCE	3055 Eagle St			3055 Eagle St						
COLOR OR RACE	American	AGE AT LAST BIRTHDAY	28	COLOR OR RACE	American	AGE AT LAST BIRTHDAY	26			
BIRTHPLACE	Ills.			Ills.						
OCCUPATION	Base Ball Player			Housewife						
Number of Child of this mother				2 nd		Number of Children, of this mother, now living				2

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 7³⁰ 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. W. 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**

