

THE STATE OF OHIO, }
CUYAHOGA COUNTY } SS.

IN THE PROBATE COURT

No. _____

In re:

Jessie Eileen Martin

APPLICATION FOR ORDER CORRECTING
RECORD OF BIRTH AND DIRECTING
THE ISSUANCE OF A CORRECTED
CERTIFICATE OF BIRTH

Your applicant, Jessie Eileen Martin

^{he} respectfully represents that she is a citizen of the United States of America and a resident of Dayton
Ohio, (Montgomery County); and that she was born in the city of Cleveland,
Cuyahoga County, Ohio, on the 1st day of January,
19 09, and that the fact of her birth is recorded in Birth Record Dept., Probate Court
Cleveland, Ohio, the record of the birth being designated by the number
? and that a Certified certificate evidencing said birth record is submitted
herewith. (70)

Your applicant further says that the record of her ^{his} birth hereinbefore mentioned is incorrect in
the following particulars, to-wit:

Given name of Dorothy Anne should be changed to Jessie Eileen

Do not write in space below

Wherefore, your applicant prays for an order of the Court correcting the record of her ^{his} birth, and
directing the issuance of a corrected birth certificate, as provided by law.

Jessie Eileen Martin
Applicant

THE STATE OF OHIO, CUYAHOGA COUNTY:

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

Applicant

SWORN to before me and signed in my presence this _____ day of _____, 19_____

APPLICANTS MAILING ADDRESS IS:

Miss J. Eileen Martin

Present Name

210 Cambridge Ave.

(Official Title)

Street and No.

Dayton 7, Ohio

City

State

Doc. No.

PROBATE COURT
CUYAHOGA COUNTY, OHIO

In the Matter of the Correction
of the Birth Certificate

of

Application and Affidavit of
Attending Physician or
Witnesses

JOURNAL ENTRY

Dated _____, 19____
RECORDED

Jour. Vol. _____ Page _____

AFFIDAVIT

Probate Court, _____ County, Ohio

In the Matter of
J. Eileen Martin

The State of Ohio, _____ County: ss.

I, _____, do hereby certify that I was the

physician in attendance at the birth of _____, and that the facts stated in the application are true, as I verily believe.

P. O. Address _____
Attending Physician.

Sworn to before me and signed in my presence this _____ day of _____, 19____

(Official Title)

The State of Ohio, _____ County: ss.

I, **Alexander Arthur Martin** **Father** relation to applicant

do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.

P. O. Address **210 Cambridge Ave.**

Dayton 7, Ohio

Sworn to before me and signed in my presence this _____ day of _____, 19____

(Official Title)

The State of Ohio, _____ County: ss.

I, _____ relation to applicant

do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated therein are true, as I verily believe.

P. O. Address _____

Sworn to before me and signed in my presence this _____ day of _____, 19____

(Official Title)