

United States of America
State of Ohio
Office of the Secretary of State

I, **JON HUSTED**, Secretary of State, do hereby certify that I am the duly elected, qualified and acting Secretary of State of the State of Ohio, and I further certify that

JUDITH B. NAGY

is the duly appointed, State Registrar, Vital Statistics Division, Department of Health, for the State of Ohio. She is the custodian of the records of Vital Statistics, and that she is the proper official to make said attestation, which is in due form; and that her official acts are entitled to full faith and credit.

This certification certifies only the authenticity of the signature of the official who signed the document, the capacity in which that official acted, and where appropriate, the identity of the seal or stamp, which the document bears. This certification does not imply that the contents of the document(s) are correct, nor that they have the approval of this office.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the official Seal of the Secretary of State of Ohio, at Columbus, Ohio, this 13th day of March, 2018.



Jon Husted
Jon Husted
Secretary of State

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

2477

Reg. Dist. No. 7701
Primary Reg. Dist. No. 7701

Registrar's No. _____

Birth No. 134

CHILD—NAME 1. <u>Joseph Charles Heffernan</u>			DATE OF BIRTH (Month, Day, Year) 2c. <u>April 22nd, 1969</u>		HOUR 2b. <u>10:00</u>
SEX 3. <u>Male</u>	THIS BIRTH —Single, twin, triplet, etc. (Specify) 4a. <u>single</u>	IF NOT SINGLE BIRTH third, etc. (Specify) 4b. _____	COUNTY OF BIRTH 5a. <u>Summit</u>		
CITY, VILLAGE, OR LOCATION OF BIRTH 5b. <u>Akron</u>			INSIDE CITY LIMITS (Specify yes or no) <u>yes</u>	HOSPITAL—NAME (If not in hospital, give street and number) 5d. <u>St. Thomas Hospital</u>	
MOTHER—MAIDEN NAME 6a. <u>Joann Catherine Colopy</u>			AGE (At time of this birth) 6b. <u>26</u>	STATE OF BIRTH (If not in U.S.A., name country) 6c. <u>Ohio</u>	
RESIDENCE—STATE 7a. <u>Ohio</u>	COUNTY 7b. <u>Summit</u>	CITY, VILLAGE, OR LOCATION 7c. <u>Akron</u>	INSIDE CITY LIMITS (Specify yes or no) 7d. <u>yes</u>	STREET AND NUMBER 7e. <u>423 E. Wilbeth St.</u>	
FATHER—NAME 8a. <u>James Henry Heffernan</u>			AGE (At time of this birth) 8b. <u>42</u>	STATE OF BIRTH (If not in U.S.A., name country) 8c. <u>Ohio</u>	
INFORMANT'S NAME OR SIGNATURE 9a. <u>Mrs. James H. Heffernan</u>			RELATION TO CHILD 9b. <u>Mother</u>		
I certify that the above named child was born alive at the place and time and on the date stated above.			DATE SIGNED 10b. <u>4/26/69</u>	ATTENDANT—M.D., D.O., midwife, other (specify) 10c. <u>M.D.</u>	
CERTIFIER—NAME (Type or Print) 10a. <u>George R. Galehouse M.D.</u>			MAILING ADDRESS (Street or R.F.D. No., City or Village, State, Zip) 10d. <u>1604 Portage Trail Cuy. Falls, O. 44223</u>		
REGISTRAR—SIGNATURE <u>[Signature]</u>			DATE RECEIVED BY LOCAL REGISTRAR 11b. <u>5-5-69</u>		

OR PRINT IN PERMANENT INK

FILED

OHIO SECRETARY OF STATE
#OH00221679418

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U.S. DEPT. OF THE TREASURY



CYNTHIA A. MOORE
NOTARY PUBLIC
STATE OF OHIO
Comm. Expires
05-14-2019

[Handwritten Signature]



Katherine E. West
Local Registrar

MAY 25 2018

Katherine E. West