)SBAND 1 KENNETH MELVIN ROBERTS

)RN 18 May 1911* PLACE SPENCERVILLE,ALLEN COUNTY,OHIO USA
R PLACE
ARR PLACE
ED Nov 1987 PLACE -,-,FLORIDA USA
)R PLACE FLORIDA
THER:CLARENCE GUY ROBERTS MOTHER:AMELIA MAE PROTSMAN
HER WIVES 1:LELA WOLF 2nd WIFE

FE: 2 DELMA CURTIS 1st WIFE

RN PLACE
R PLACE
ED PLACE
R PLACE
THER: MOTHER:
HER HUSBS 0:

ditional :
mments :

HUSB:KENNETH MELVIN ROBERTS 1911
WIFE:DELMA CURTIS

PREPARED 12/ 4/90 BY:
GARY LYNN GUISINGER
1234 LODGE POLE DR. DORY LAKES
GOLDEN, COLORADO 80403
(303)582-3277 Record No. 148
Relationship To:
Husb / Wife ~~Mary Roberts Guisinger~~
UNCLE

CHILDREN	WHEN BORN WHEN CHR'N	B)ORN/ C)HR WHERE Town County;State	MARR DATE 1st married to whom	WHEN DIED	WHERE DIED Town County,State	Record Number
No Children						

TE CLARIFICATION CODES BLANK date probably correct * Confirmed (Have documentation)

UNCERTIFIED COPY TO BE USED FOR LEGAL PURPOSES

PLACE OF BIRTH

County of Athens

Township of

Village of Spencerville

City of

No. St.

Ward.

If birth occurs in a hospital or other institution give name of same, instead of street and number.

STATE OF OHIO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No. 13

File No. 34923

Primary Registration District No. 2020

Registered No. 44

FULL NAME OF CHILD Kenneth Melvin Roberts

Sex of Child	Legitimate?	Twin, Triplet, or other? (To be answered in case of plural births only)	and Number in order of birth	Date of birth (Month) (Day) (Year)
Male	Yes			May 18th 1914

FATHER	MOTHER
FULL NAME Clarence Roberts	FULL MAIDEN NAME Amelia May Portman
RESIDENCE Spencerville Ohio	RESIDENCE Spencerville Ohio
COLOR OR RACE White	COLOR OR RACE White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Mt. Vernon Ohio	BIRTHPLACE Spencer Township Allen Co. Ohio
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother 1

Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occurred on May 18th 1914, at 8 P. M.

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

(Signature) F. C. Stephens M.D.
(Physician or Midwife)

Address Spencerville Ohio

Given name added from a supplemental report.

....., 190..

.....
Registrar.

Filed June 2d, 1914 [illegible]

HUSBAND 1 HOMER HUMPHERY

BORN	PLACE	
CHR	PLACE	
MARR	PLACE	
DIED	PLACE	
BUR	PLACE	

FATHER: MOTHER:

OTHER WIVES 0:

WIFE: 1 BERTHA LAVON ROBERTS

BORN 23 Oct 1912* PLACE SPENCERVILLE,ALLEN COUNTY,OHIO USA
CHR PLACE
DIED Oct 1981 PLACE COLUMBUS,FRANKLIN COUNTY,OHIO USA
BUR PLACE
FATHER:CLARENCE GUY ROBERTS MOTHER:AMELIA MAE PROTSMAN
OTHER HUSBS 0: HERBERT LOHR

Additional :
Comments :

HUSB:HOMER HUMPHERY
WIFE:BERTHA LAVON ROBERTS 191

PREPARED 9/14/90 BY:
GARY LYNN GUISINGER
1234 LODGE POLE DR. DORY LAKES
GOLDEN, COLORADO 80403
(303)582-3277 Record No. 114
Relationship of above to:
Husb / Wife

Aunt

Sex	CHILDREN	WHEN BORN WHEN CHR'N	B)ORN/ C)HR Town WHERE County;State	MARR DATE 1st married to whom	WHEN DIED	WHERE DIED Town County,State	Record Number
1	HOMER CLARENCE	NOV. 22 1930	B. COLUMBUS O. FRANKLIN C.	JO ANN			
2	LEVEAR	MAY 4 1932	FRANKLIN CO COLUMBUS, OHIO	TONI, CHARLOTTE, BARBARA			
3	JERRY ELDON KENNY	MAR. 29 1936	FRANKLIN CO. COLUMBUS, OHIO	BARBARA			
4	KENNETH DARYL	FEB. 13 1938	FRANKLIN CO. COLUMBUS, OHIO	1ST MARY			
5							
6							

UNCERTIFIED COPY TO BE USED FOR LEGAL PURPOSES

Form V. S. No. 2 500M-9-15-10

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

STATE OF OHIO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Allen

Township of ....

Village of Spencerville or City of ....

No. .... St. .... Ward.

If birth occurs in a hospital or other institution give name of same, instead of street and number

Registration District No. 15 File No. ....

Primary Registration District No. 2020 Registered No. 69

FULL NAME OF CHILD Bertha Lavon Roberts

Sex of Child: Girl | Legitimate? Yes | Twin, Triplet, or other? (To be answered in case of plural births only) and Number in order of birth | Date of birth: Oct (Month) 23d (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: Clarence A Roberts	FULL MAIDEN NAME: Amiba M Holeman
RESIDENCE: Spencerville Ohio	RESIDENCE: Spencerville Ohio
COLOR OR RACE: White AGE AT LAST BIRTHDAY: 23 (Years)	COLOR OR RACE: White AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Mt Vernon Ohio	BIRTHPLACE: Paulding Co Ohio
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother: 2d

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 Oct 23d, 1912, at 4.0 A. M.

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

(Signature) C. C. Blayney M.D.

(Physician or Midwife.)

Address Spencerville Ohio

Given name added from a supplemental report, ..., 19 ..

.... Registrar.

Filed Nov 1st, 1912 C Blayney Registrar.

HUSBAND 0 RAYMOND DARRIEL ROBERTS

BORN 29 Jan 1915* PLACE SPENCERVILLE,ALLEN COUNTY,OHIO USA
CHR PLACE
MARR PLACE
DIED 9 Mar 1915* PLACE SPENCERVILLE,ALLEN COUNTY,OHIO USA
BUR 10 Mar 1915* PLACE SPENCERVILLE,ALLEN COUNTY,OHIO USA Spencerville. Cemetery
FATHER:CLARENCE GUY ROBERTS MOTHER:AMELIA MAE PROTSMAN
OTHER WIVES 0:

WIFE: 0

BORN PLACE
CHR PLACE
DIED PLACE
BUR PLACE
FATHER: MOTHER:
OTHER HUSBS 0:

Additional :
Comments :

HUSB:RAYMOND DARRIEL ROBERTS 1915
WIFE:

PREPARED 10/28/90 BY:
GARY LYNN GUISINGER
1234 LODGE POLE DR. DORY LAKES
GOLDEN, COLORADO 80403
(303)582-3277 Record No. 116
Relationship of above to:
Husb / Wife

UNCLE

There is no marker on Raymond's grave.

Sex	CHILDREN	WHEN BORN / WHEN CHR'N	B)ORN/ C)HR WHERE Town County;State	MARR DATE 1st married to whom	WHEN DIED	WHERE DIED Town County,State	Record Number
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

DATE CLARIFICATION CODES * Confirmed (Have documentation)

Form V. S.
No. 2
100M—6-19-14

MARGIN RESERVED FOR BINDING
Write Plainly with Unfading Ink—This is a Permanent Record

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each child, in order of birth, stated

UNCERTIFIED—NOT TO BE USED FOR LEGAL PURPOSES

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Allen

Township of
or
Village of Spencerville
or
City of

No. St.

Ward.

Registration District No. 15 File No.

Primary Registration District No. 2020 Registered No. 8

FULL NAME OF CHILD Raymond David Roberts { If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month, Day, Year)
Male			Yes	Jan 29, 1915

FATHER	MOTHER
FULL NAME Clarence F Roberts	FULL MAIDEN NAME Amelia May Poleman
RESIDENCE Spencerville O.	RESIDENCE Spencerville O.
COLOR OR RACE White / AGE AT LAST BIRTHDAY 25 (Years)	COLOR OR RACE White / AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Spencerville Ohio	BIRTHPLACE Mercer Co Ohio
OCCUPATION AND INDUSTRY Comon Labor	OCCUPATION AND INDUSTRY Housewife

NUMBER OF CHILDREN BORN AND LIVING
Number of children born alive to this mother, including this child (if born alive) 3
Number of children of this mother living, including this child (if born alive) 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child born to Amelia May Roberts (Mother's Name) and that the child was Alive (Born alive or Stillborn) at 6 A. M., on the date above stated.

(Signature) J D Baxter

(Physician or Midwife)

Address Spencerville Ohio

Filed Jan 30th, 1915. C Painter Registrar

*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.

Given name added from a supplemental report

....., 191....

.....
Registrar

JUL 21 1970

This is to certify the foregoing certificate is a duplicate copy taken from the records on file in the office of the Health Dept., Lima, Ohio

Esther A Matter, Dep. Registrar

FORM V. S. No. 2
50M—6-9-15

MARGIN RESERVED FOR BINDING
Write Plainly with Unfading Ink--This is a Permanent Record
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each child, in order of birth, stated

PLACE OF BIRTH
County of Allen
Township of
or Village of Spencerville
or City of
No. ..... St.
..... Ward.

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 15
Primary Registration District No. 2020
File No.
Registered No. 2

FULL NAME OF CHILD Mary Isabelle Roberts { If child is not yet named, make supplemental report, as directed

Sex of Child	Twin, triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Female			Yes	Jan. (Month), 4 (Day), 1916 (Year)

FATHER		MOTHER	
FULL NAME	Clarence Roberts	FULL MAIDEN NAME	Mary Frohman (Amelia Mae Frohman)
RESIDENCE	Spencerville Ohio	RESIDENCE	Spencerville Ohio
COLOR OR RACE	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Allen County Ohio	BIRTHPLACE	Mercer Co O
OCCUPATION AND INDUSTRY	Cement Labor	OCCUPATION AND INDUSTRY	Housewife
NUMBER OF CHILDREN BORN AND LIVING	Number of children born alive to this mother, including this child (if born alive) 4		Number of children of this mother living, including this child (if born alive) 3

NOTE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child born to Mary Roberts (Mother's Name) and that the child was Alive (Born alive or Stillborn) at 7 P. M., on the date above stated.

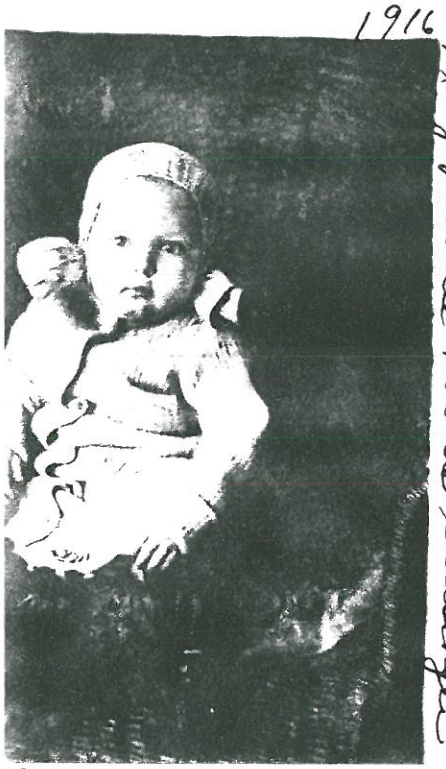
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 191.....

..... REGISTRAR

(Signature) Ira D. Baylis
Physician (Physician or Midwife)
Address Spencerville Ohio
Filed Jany 7th, 1916. H. O. Stauffer REGISTRAR



1916 Mary Isabelle Roberts Guisinger

Columbus, Ohio

(1931) 15 YRS

Mary Isabelle Roberts Guisinger

HUSBAND 1 JOHN ALEXANDER GUISINGER

BORN 2 Feb 1913* PLACE AT HOME ADA,HARDIN COUNTY,OHIO USA
CHR PLACE
MARR 17 Feb 1934* PLACE COLUMBUS,FRANKLIN COUNTY,OHIO USA
DIED 10 Aug 1985* PLACE MEMORIAL HOSP. LIMA,ALLEN COUNTY,OHIO USA
BUR 13 Aug 1985* PLACE MEMORIAL PARK CEMETERY, LIMA,ALLEN COUNTY,OHIO USA
FATHER:JOHN HENRY GUISINGER MOTHER:GOLDIE ALICE RICHARDS
OTHER WIVES 0:

WIFE: 1 MARY ISABELLE ROBERTS

BORN 4 Jan 1916* PLACE AT HOME SPENCERVILLE,ALLEN,OHIO USA
CHR PLACE
DIED PLACE
BUR PLACE
FATHER:CLARENCE GUY ROBERTS MOTHER:AMELIA MAE PROTSMAN
OTHER HUSBS 0:

Additional :
Comments :

HUSB:JOHN ALEXANDER GUISINGER 191
WIFE:MARY ISABELLE ROBERTS 191

PREPARED 5/28/90 BY:
GARY LYNN GUISINGER
1234 LODGE POLE DR. DORY LAKES
GOLDEN, COLORADO 80403
(303)582-3277 Record No. 21
Relationship of above to:
Husb / Wife

Mother

Sex	CHILDREN	WHEN BORN / WHEN CHR'N	B)ORN/ C)HR Town WHERE County;State	MARR DATE 1st married to whom	WHEN DIED	WHERE DIED Town County,State	Record Number
4 M	DANNY EUGENE GUISINGER	26 Nov 1934*	B) Independence Rd ALLEN COUNTY,OHIO USA	7 Feb 1953* PATRICIA ROBERTA "PAT" REED			36
1 M	LARRY LEE GUISINGER SR	23 Mar 1937*	B)COLUMBUS AVE. Lima ALLEN COUNTY,OHIO USA	25 Nov 1957 MARY MARGARET "PEG" HEMPKER			25
2 F	CAROLYN DARLENE "SUE" GUISINGER	28 Feb 1939*	B) McKinley St 1217 ALLEN COUNTY,OHIO USA	18 Jul 1959* MELVIN LEROY NUMBERS			23
3 M	GARY LYNN GUISINGER	20 Mar 1945*	B St. Rita Hosp LIMA ALLEN COUNTY,OHIO USA	12 Jun 1965 PAULA ROBERTA BURDEN			17
5							
6							
7							
8							
9							
10							

MARGIN RESERVED FOR BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. No. 11—200M—4-8-14.

[redacted]

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.

County of Allen

Township of ..... Registration District No. 15 File No. .....

or Village of Spencerville Primary Registration District No. 2020 Registered No. 6

or City of ..... (No. ....., ... St., ... Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Raymond Roberts

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: January 29th, 1913 (Month) (Day) (Year)

7 AGE: ..... yrs. 2 mos. 9 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Ohio

PARENTS

10 NAME OF FATHER: Clarence Roberts

11 BIRTHPLACE OF FATHER (State or country): Ohio

12 MAIDEN NAME OF MOTHER: May Poltmann

13 BIRTHPLACE OF MOTHER (State or country): Ohio

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Clarence Roberts
(Address) Spencerville

15
Filed Mch 9, 1915 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 9th, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mch 8th, 1915, to Mch 9th, 1915, that I last saw him alive on Mch 9th, 1915, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory (Secondary) Cerebrospinal Meningitis

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jos L Bagley M. D.
Mch 9th, 1915 (Address) Spencerville O

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Spencerville | DATE OF BURIAL: Mch 10th, 1915

20 UNDERTAKER: [illegible] | ADDRESS: Spencerville O