

PLACE OF BIRTH

INDIANA STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

1. County of AllenTownship of WayneTown of St. WayneCity of St. Wayne

CERTIFICATE OF BIRTH

State File No. **30764**Registered No. 1224

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

(No. R Lutheran Hospital St., _____ Ward)2. FULL NAME OF CHILD Ruth Dorothy Hargess
(Please print Child's Name) (If child is not yet named, make supplemental report, as directed)3. Sex Female 4. Twin, triplet, or other _____ 5. Number in order of birth _____ 6. Premature yes 7. Legitimate? yes Date of Birth Aug. 29 1932
(Month) (Day) (Year)9. Full name Theodore C. Hargess FATHER 18. Full maiden name Eleanore Rustel MOTHER10. Residence (usual place of abode) 1011 Liberty St. St. Wayne 19. Residence (usual place of abode) 1011 Liberty St. St. Wayne
(If nonresident, give place and State) (If nonresident, give place and State)11. Color or Race white 12. Age at last Birthday 40 yrs. 20. Color or Race white 21. Age at last Birthday 36 yrs.
(Years) (Years)13. Birthplace (State or country) Fort Wayne 22. Birthplace (State or country) Fort Wayne14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printing Pressman 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Boxers 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____17. Total time (years) spent in this work 13 yrs. 25. Were precautions taken against ophthalmia neonatorum? yes27. Number of children of this mother (At time of this birth and including this child) 3 (a) Born alive and now living 2 (b) Born alive but now dead _____28. If stillborn, 1 Term {months or weeks} 29. Cause of stillbirth _____
period of gestation _____ {Before labor _____ During labor _____}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 11¹⁰ a.m. 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.

(Signature) M. F. Schick, M.D.Filed 10/1/32Fort Wayne, Ind.
(Attending physician, midwife, householder*)

HEALTH OFFICER

Address _____