

PLACE OF BIRTH

INDIANA STATE BOARD OF HEALTH

County of Mourne

DIVISION OF VITAL STATISTICS

Local No. 48413Township of Bloomington

CERTIFICATE OF BIRTH

Town of BloomingtonState Registered No. 812 W 8thCity of Bloomington No. 812 W 8th St., WardFULL NAME OF CHILD Betty Jane Myers

If child is not named, make supplemental report.

Sex of Child Female ^{Twins, Triplets or others?} — and ^{Number in order of birth} — ^{Legitimate?} Yes ^{Date of Birth} Sept. 24 1925
 (To be answered only in event of plural births) (Month) (Day) (Year)

Full Name Everett Myers
 Postoffice Address 812 W 8th St Bloomington Ind
 Color or Race White ^{Age at last Birthday} 28
 (Years)

Birthplace Ind.

Occupation Saw filer

Full Maiden Name Margaret C. Kelley
 Postoffice Address 812 W 8th St Bloomington Ind
 Color or Race White ^{Age at last Birthday} 24
 (Years)

Birthplace Ind.

Occupation Housewife

Number of children born to this mother, including present birth 2 ^{Number of children, of this mother, now living, including present birth} 1 ^{Were precautions taken against ophthalmia neonatorum?} yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4 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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Salway
 Attending Physician M.D.
 (Attending physician, midwife, householder)

Given name added from a supplemental report 19

Address Bloomington Ind.

Filed 19

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