

## PLACE OF BIRTH

INDIANA STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS.

5686

County of Clay  
Township of Van Buren  
Village of Knightsville  
or  
City of \_\_\_\_\_

## CERTIFICATE OF BIRTH.

Registered No. \_\_\_\_\_

FULL NAME OF CHILD Fredrick Melvin Somers { Born ☒ Alive ☐ }  
St.; \_\_\_\_\_ Ward \_\_\_\_\_

If child is not named, make supplemental report.

Sex of Child <u>Male</u>	Twin, Triplet, or Other _____	and (Number in order of birth) _____	Legitimate? <u>Yes</u>	Date of Birth <u>April 25</u> 19 <u>60</u> (Month) (Day) (Year)
FATHER Full Name <u>John Somers</u> Residence <u>Knightsville</u> Color or Race <u>White</u> Age at last Birthday <u>42</u> (Years) Birthplace <u>New York State</u> Occupation <u>Coal Miner</u>			MOTHER Full Maiden Name <u>Grace Gregson</u> Residence <u>Knightsville</u> Color or Race <u>White</u> Age at last Birthday <u>39</u> (Years) Birthplace <u>England</u> Occupation <u>Wife's work</u>	
Number of child of this mother <u>10</u>			Number of children, of this mother, now living <u>8</u>	
Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>				

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on April 25, 1960, at 1:15 A.M.

\* When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

(Signature)

Felix G. Thornton  
(Attending physician, midwife, householder.\*)

Given or christian name added from a supplemental report \_\_\_\_\_ 190 \_\_\_\_\_

Dated

April 27 1960

Address

Knightsville

Filed

5/17 1960

HEALTH OFFICER.

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