

PLACE OF BIRTH
County of Morgan
Township of Richland
Town of Ellettsville
or
City of _____

INDIANA STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Local No. _____

State Registered No. 66399

FULL NAME OF CHILD

If child is not named, make supplemental report.

Sex of Child Female ^{Twins, Triplets, or others?} — and ^{Number in order of birth} 3 ^{Legitimate?} Yes ^{Date of Birth} Nov. 20 1924
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
Full Name Ralph Stines

Postoffice Address Ellettsville

Color or Race White ^{Age at last Birthday} 36
(Years)

Birthplace Inda

Occupation Lumber

MOTHER
Full Maiden Name Alie Hendrick

Postoffice Address Ellettsville

Color or Race White ^{Age at last Birthday} 33
(Years)

Birthplace Inda

Occupation Housewife

Number of children born to this mother, including present birth 3 ^{Number of children, of this mother, now living, including present birth} 3 ^{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 10 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) Oliver K. Harris

(Attending physician, midwife, householder)

Given name added from a supplemental report _____, 19____

Address Ellettsville, Inda

Filed Nov. 21, 1924 O. K. Harris

HEALTH OFFICER

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