

PLACE OF BIRTH

County of Morgan
 Township of Buckland
 Town of Ellettsville
 or
 City of _____

INDIANA STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH

45134

Registered No. _____

St.; _____ Ward)

FULL NAME OF CHILD

Harrold Oliver Hamis

If child is not named, make supplemental report.

Sex of Child <u>male</u>	Twins, Triplets, or others? <u>—</u>	and { Number in order of birth <u>2</u>	Legitimate? <u>ye</u>	Date of Birth <u>Aug 24</u> 19 <u>21</u> (Month) (Day) (Year)
Full Name <u>Ralph Hamis</u> FATHER			Full Maiden Name <u>Alice Hamis</u> MOTHER	
Post office Address <u>Ellettsville</u>			Post office Address <u>Ellettsville</u>	
Color or Race <u>white</u>	Age at last Birthday <u>27</u> (Years)		Color or Race <u>white</u>	Age at last Birthday <u>25</u> (Years)
Birthplace <u>Inda</u>			Birthplace <u>Inda</u>	
Occupation <u>Laborn</u>			Occupation <u>Housewife</u>	
Number of children born to this mother, including present birth <u>2</u>		Number of children, of this mother, now living, including present birth <u>2</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 this child, who was born alive at 8 a 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.

(Signature)

Oliver K. Hamis
 (Born alive or Stillborn)

Attending physician
 (Attending physician, midwife, householder.)

Given name added from a supplemental report _____, 19

Address

Filed

Aug 25, 1921O. K. Hamis

HEALTH OFFICER

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