

**INDIANA STATE BOARD OF HEALTH**  
DIVISION OF VITAL STATISTICS  
**CERTIFICATE OF BIRTH**

12427

PLACE OF BIRTH  
County of Hamilton Co.  
Township of \_\_\_\_\_  
or  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
Registered No. 70

FULL NAME OF CHILD Walter Clifton Robbins  
If child is not named, make supplemental report.

Sex of Child <u>M.</u>	Twin, Triplet, or other? <input checked="" type="checkbox"/>	and Number in order of birth <u>X</u>	Legitimate? <u>yes</u>	Date of Birth <u>March 19 1918</u> <small>(Month) (Day) (Year)</small>
FATHER Full Name <u>Oscar Robbins</u>		MOTHER Full Maiden Name <u>Grace Houelke</u>		
Residence <u>Hamilton Co.</u>		Residence <u>Hamilton Co.</u>		
Color or Race <u>White</u>	Age at last Birthday <u>42</u> <small>(Years)</small>	Color or Race <u>White</u>	Age at last Birthday <u>38</u> <small>(Years)</small>	
Birthplace <u>Hamilton Co.</u>		Birthplace <u>Hamilton Co.</u>		
Occupation <u>Farmer</u>		Occupation <u>Housewife</u>		

Number of children born to this mother, including present birth 4      Number of children, of this mother, now living, including present birth 4      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 6:30 P.M. on the date above stated.  
(Born alive or Stillborn)

(Signature) Joe Ferrell  
Physician  
(Attending physician, midwife, householder.)\*

Given name added from a supplemental report \_\_\_\_\_, 19\_\_\_\_  
Address Northville Ind.  
Filed 3-21, 1918 H.C. Fushy  
HEALTH OFFICER.