

## PLACE OF BIRTH

## INDIANA STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

County of

Delaware

Township of

Center

CERTIFICATE OF BIRTH

23273

Town of

City of

Muncie

(No. 1927 C. 17th.

Registered No.

277

St.:

Ward)

FULL NAME OF CHILD

Olive Jean Haas

If child is not named, make supplemental report.

Sex of Child	female	Twins, Triplets, or others? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate	yes	Date of Birth	April 25, 1921
Full Name	FATHER August Haas				Full Maiden Name	MOTHER Mable Marie Worthen		
Post office Address	1927 E. 17th. St.				Post office Address	1927 E. 17th. St.		
Color or Race	white	Age at last Birthday	26	(Years)	Color or Race	white	Age at last Birthday	21
Birthplace	Defiance, Ohio.				Birthplace	Hartford City, Ind.		
Occupation	Fire-Clay worker.				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 Barnabine at 8:00 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)

Howard Drumm M.D.  
Attending Physician

Address

Muncie, Ind.

Given name added from a supplemental report . . . . . 19

Filed

May 4, 1921 F. L. Bunch

HEALTH OFFICER

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