

INDIANA STATE BOARD OF HEALTH  
 DIVISION OF VITAL STATISTICS 29215  
 CERTIFICATE OF BIRTH  
 Registered No. 404

PLACE OF BIRTH  
 County of Delaware  
 Township of Center  
 Town of \_\_\_\_\_  
 or  
 City of Muncie (No. 1927 E. 17th St., \_\_\_\_\_ Ward)

FULL NAME OF CHILD Margorie Ruth Haas  
 If child is not named, make supplemental report.

Sex of Child female      Twins, Triplets or others? \_\_\_\_\_ and { Number in order of birth \_\_\_\_\_ }      Legitimate? yes      Date of Birth June 16 1923  
(To be answered only in event of plural births)      (Month) (Day) (Year)

FATHER  
 Full Name August Haas  
 Postoffice Address 1927 E. 17th St.  
 Color or Race white      Age at last Birthday 28 (Years)  
 Birthplace Ohio  
 Occupation Clay-Pot-fitter

MOTHER  
 Full Maiden Name Nabel Marie Worthen  
 Postoffice Address 1927 E. 17th St.  
 Color or Race white      Age at last Birthday 23 (Years)  
 Birthplace Indiana  
 Occupation Housewife

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 10:50 P.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 Drummond  
Attending Physician  
(Attending physician, midwife, householder\*)

Given name added from a supplemental report \_\_\_\_\_, 19\_\_\_\_

Address Muncie, Ind.

Filed June 21, 1923      U. G. Poland  
 HEALTH OFFICER      HEALTH OFFICER