

PLACE OF BIRTH

County of Madison
Township of Morenci
Town of Alexandria
or
City of _____

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Local No. 137
25269

(No. R.R. 6 State Registered No. _____
St., _____ Ward)

FULL NAME OF CHILD Bettie Jean Davis
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} May 29, 1925
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
Full Name Lora E. Davis
Postoffice Address Alexandria

MOTHER
^{Full Maiden Name} Irene King
^{Postoffice Address} Alexandria

^{Color or Race} White ^{Age at last Birthday} 21 (Years)

^{Color or Race} White ^{Age at last Birthday} 20 (Years)

^{Birthplace} Grant Co. Ind
^{Occupation} Laborer

^{Birthplace} Madison Co Ind
^{Occupation} House work

Number of children born to this mother, including present birth 2 ^{Number of children, of this mother, now living, including present birth} 2 ^{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 Alive at 9 P. M.
(Born alive or Stillborn)

(Signature) J E Hall
(Attending physician, midwife, householder*)

Given name added from a supplemental report _____, 19____
Address Alexandria

Filed June 4, 1925 Morenci
HEALTH OFFICER HEALTH OFFICER

* 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.