

PLACE OF BIRTH
 County of Hamilton
 Township of Jackson
 Town of _____
 or
 City of _____ (No. _____ St.; _____ Ward)

INDIANA STATE BOARD OF HEALTH
 DIVISION OF VITAL STATISTICS
 CERTIFICATE OF BIRTH **17867**

Registered No. 136

FULL NAME OF CHILD Robert Clark Ross
 If child is not named, make supplemental report.

Sex of Child <u>Male</u>	Twin, Triplet, or other?	and Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>May 31, 1914</u> (Month) (Day) (Year)
Full Name <u>Robert E. Ross</u> FATHER		Full Maiden Name <u>Sarah Foulk</u> MOTHER		
Residence <u>Hamilton Co.</u>		Residence <u>Hamilton Co.</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>28</u> (Years)	
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 <u>3</u>	Number of children, of this mother, now living, including present birth <u>3</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 29, 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) A. G. Newby
Attending Physician
 (Attending physician, midwife, householder.)*

Given name added from a supplemental report _____, 19____

Address Shelburne Ind.
 Filed June 4, 1914 M. H. Harrell
 HEALTH OFFICER.

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