

N. B. - In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate to be mailed to the State Board of Health at Indianapolis, not later than the fourth of each month.

**PLACE OF BIRTH**  
**INDIANA STATE BOARD OF HEALTH**  
 DIVISION OF VITAL STATISTICS.  
**CERTIFICATE OF BIRTH. 16178**

County of Hamilton  
 Township of Jackson  
 or  
 Village of Cicero  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_)

Registered No. 131  
 St.; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Russell Foulke  
 If child is not named, make supplemental report.

{ Born } Yes  
 { Alive } No

Sex of Child	Twin, Triplet, or Other	single	and	Number in order of birth	2	Legitimate?	yes	Date of Birth	March 26 1908
FATHER					MOTHER				
Full Name <u>J. Alvin Foulke</u>					Full Maiden Name <u>Lula Kellum</u>				
Residence <u>Cicero R. F. D. Ind</u>					Residence <u>Cicero R. F. D. Ind</u>				
Color or Race <u>white</u>		Age at last Birthday <u>31</u> (Years)			Color or Race <u>white</u>		Age at last Birthday <u>30</u> (Years)		
Birthplace <u>Hamilton Co. Ind</u>					Birthplace <u>Hamilton Co. Ind.</u>				
Occupation <u>Farmer</u>					Occupation <u>Housekeeper</u>				
Number of child of this mother <u>2</u>			Number of children, of this mother, now living <u>2</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 above child; and that it occurred on March 26, 1908, at 11<sup>30</sup> A. M.

{ \* When there is no attending physician or midwife, then the householder should make this return. See instructions on back. }

(Signature) Geo. W. Teter M.D.  
 (Attending physician, midwife, householder.)

Given or christian name added from a supplemental report \_\_\_\_\_ 190\_\_\_\_

Dated Apr 8 1908 Address Sheridan R. F. D. 22, Ind.

Filed April 28 1908 Chas. Boehr

HEALTH OFFICER.