

## PLACE OF BIRTH

INDIANA STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS.County of HamiltonTownship of Adams

Village of \_\_\_\_\_

or  
City of Sheridan (No. \_\_\_\_\_)FULL NAME OF CHILD Ortha Helen Phillips

If child is not named, make supplemental report.

CERTIFICATE OF BIRTH.

16920

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

{ Born Alive? } yes

Sex of Child <u>Female</u>	Twin, <del>Leopard</del> or Other _____	and { Number in order of birth <u>Third</u> }	Legitimate? <u>yes</u>	Date of Birth <u>Jan</u> <u>10</u> <u>1911</u> (Month) (Day) (Year)
Full Name <u>Clyde Phillips</u> FATHER		Full Maiden Name <u>Alice Folk</u> MOTHER		
Residence <u>Sheridan Ind</u>		Residence _____		
Color or Race <u>White</u>	Age at last Birthday <u>29</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>27</u> (Years)	
Birthplace <u>Hamilton Co Ind</u>		Birthplace <u>Hamilton Co Ind</u>		
Occupation <u>V. M. E.</u>		Occupation <u>Housewife</u>		
Number of child of this mother <u>3</u>	Number of children, of this mother, now living <u>3</u>	Were precautions taken against Ophthalmia neonatorum? <u>No</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on Jan 10, 1911, at 9 P.M.

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

(Signature) W. E. Booper  
(Attending physician, midwife, householder.)\*

Given or christian name added from a supplemental report \_\_\_\_\_ 19\_\_\_\_

Dated Jan 12 1911 Address Sheridan IndFiled Jan 13 1911 W. E. Booper

HEALTH OFFICER.

HEALTH OFFICER.