

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

Local No. 3
Registered No. 1042

1. County of Hamilton
Township of Washington
Town of _____
or
City of _____ (No. _____, _____ St.)

2. FULL NAME OF CHILD Howard Eugene Thompson
(If child is not yet named, make supplemental report. (Please Print Child's Name))

3. Sex Male } 4. Twin, triplet, or other _____
If plural } 5. Number in order of birth _____
births }

6. Premature _____ Full term Yes Legitimate? Yes Date of Birth 1 5 1933
(Month) (Day) (Year)

FATHER		MOTHER	
9. Full name	<u>Howard Thompson</u>	18. Full maiden name	<u>Dorothy H. Phillips</u>
10. Postoffice Address	<u>Westfield Ind.</u>	19. Postoffice Address	<u>Westfield Ind.</u>
11. Color or Race <u>White</u>	12. Age at last Birthday <u>24</u> (Years)	20. Color or Race <u>White</u>	21. Age at last Birthday <u>21</u> (Years)
13. Birthplace (State or country)	<u>Hamilton Co. Ind.</u>	22. Birthplace (State or country)	<u>Hamilton Co. Ind.</u>
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	<u>Housekeeper</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	<u>Farm</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	<u>Own home</u>
17. Total time (years) spent in this work	<u>4 yr.</u>	25. Were precautions taken against ophthalmia neonatorum?	<u>Yes.</u>

16. Number of children born to this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1 (b) Born alive, but now dead ALIVE

17. If stillborn, period of gestation _____ {months or weeks} 28. Cause of stillbirth _____ {Before labor or During labor}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was ALIVE at 8:30 a.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.
(Signature) John L. Beck
Filed Feb 6 1933 _____
E. H. Tomlinson (Attending physician, midwife, householder*)
HEALTH OFFICER Address Sheridan Ind.