

PLACE OF BIRTH		INDIANA STATE BOARD OF HEALTH	
County of <i>Hamilton</i>	DIVISION OF VITAL STATISTICS		17801
Township of <i>Adams</i>	CERTIFICATE OF BIRTH		
Town of <i>Sheridan</i>	Registered No. _____		
City of _____	(No. _____)	St; _____	Ward _____
FULL NAME OF CHILD <i>Charles Forest Phillips</i>			
If child is not named, make supplemental report.			
Sex of Child <i>m</i>	Twin, Triplet, or other? _____	and Number in order of birth _____	Legitimate? <i>yes</i>
(To be answered only in event of plural births)		Date of Birth <i>Apr 26</i>	19 <i>14</i>
(Month) (Day) (Year)			
FATHER		MOTHER	
Full Name <i>A. Clyde Phillips</i>	Full Maiden Name <i>Alice Foulke</i>		
Residence <i>Sheridan Ind</i>	Residence <i>Sheridan Ind</i>		
Color or Race <i>white</i>	Age at last Birthday <i>32</i>	Color or Race <i>white</i>	Age at last Birthday <i>29</i>
(Years)		(Years)	
Birthplace <i>Hamilton Co Ind</i>	Birthplace <i>Hamilton Co Ind</i>		
Occupation <i>Veterinary Surgeon</i>	Occupation <i>Housewife</i>		
Number of children born to this mother, including present birth <i>4</i>	Number of children, of this mother, now living, including present birth <i>4</i>	Were precautions taken against ophthalmia neonatorum? <i>yes</i>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <i>Born alive</i> at <i>5 A.M.</i>			
(Born alive or Stillborn)			
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) <i>Leon W. Hays</i>	
		Attending Physician	
		(Attending physician, midwife, householder*)	
Given name added from a supplemental report _____, 19 _____		Address <i>Sheridan Ind</i>	
HEALTH OFFICER.		Filed <i>Apr 27, 1914</i> <i>Dr. W. H. Hays</i>	
		HEALTH OFFICER.	