

PLACE OF BIRTH

County of Shelby
 Township of Jackson Tp.
 Town of _____
 or _____
 City of North City

INDIANA STATE BOARD OF HEALTH **66-060**
 DIVISION OF VITAL STATISTICS

Local No. 106

CERTIFICATE OF BIRTH

State Registered No. _____

FULL NAME OF CHILD

If child is not named, make supplemental report.

(No. R 70 X 5 North City St., _____ Ward)
Dorothy Haas

Sex of Child Female ^{Twins, Triplets, or others?} and ^{Number in order of birth} ^{Legitimate?} yes ^{Date of Birth} Aug 24 1925
 (To be answered only in event of plural births) (Month) (Day) (Year)

FATHER
 Full Name Frank Haas
 Postoffice Address R 70 X 5 North City Ind
 Color or Race White ^{Age at last birthday} 49 (Years)
 Birthplace Fulton Co Ohio
 Occupation Farmer

MOTHER
 Full Maiden Name Nancy K. Rogers
 Postoffice Address R 70 X 5 North City Ind
 Color or Race White ^{Age at last birthday} 33 (Years)
 Birthplace Block Co Ind
 Occupation Home-maker

^{Number of children born to this mother, including present birth} 7 ^{Number of children, of this mother, now living, including present birth} 6 ^{Were precautions taken against ophthalmia neonatorum?} yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:00 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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Shaddy
Attending Physician
 (Attending physician, midwife, householder*)

Given name added from a supplemental report _____, 19____

Address North City Ind

Filed Jan 14 1926 W. D. Shaddy
 HEALTH OFFICER HEALTH OFFICER