

PLACE OF BIRTH  
County of Rush  
Township of North  
Town of \_\_\_\_\_  
or City of Rushville (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

INDIANA STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF BIRTH 54051

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

FULL NAME OF CHILD John Edward Lucas  
If child is not named, make supplemental report.

Sex of Child Male I was, Triplet, or other? No and Number in order of birth 1st Legitimate? Yes Date of Birth November 1 1919  
(To be answered only in event of plural births) (Month) (Day) (Year)

FATHER  
Full Name Marion Lucas  
Residence Rush Co Ind  
Color or Race W Age at last Birthday 29 (Years)  
Birthplace Georgetown Ky.  
Occupation Farmer

MOTHER  
Full Maiden Name Artie Woodland  
Residence Rush Co Ind  
Color or Race W Age at last Birthday 25 (Years)  
Birthplace Frankfort Ky.  
Occupation Housewife

Number of children born to this mother, including present birth 3rd Number of children, of this mother, now living, including present birth 3rd 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 10:30 P.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) John M. Lee M.D.  
(Attending physician, midwife, householder,\*)

Given name added from a supplemental report \_\_\_\_\_, 19\_\_\_\_  
Address Rushville Indiana  
Filed No 31, 1919 E. L. WOODEN, M. D.  
RUSH COUNTY HEALTH OFFICER  
RUSHVILLE, INDIANA

HEALTH OFFICER.

or each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Health Officer within 30 hours after birth.