

CERTIFICATE OF BIRTH

STATE OF INDIANA

Local No. 54

PLACE OF BIRTH

1. County of Hamilton
Township of Adams
Town of R.R.
or
City of _____

DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

Registered No. 23019

(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(No. _____, _____ St.)

2. FULL NAME OF CHILD MYRON FOULKE ROBBINS JR.
(Please Print Child's Name)

3. Sex male } 4. Twin, triplet, or other _____ } 5. Number in order of birth _____ }
If plural births } C. Premature _____ } 7. Legitimate? yes }
Full term yes } Date of Birth June 28, 1936 }
(Month) (Day) (Year)

FATHER
9. Full name Myron Foulke Robbins

MOTHER
18. Full maiden name Gova Irene Brown

10. Postoffice Address Atlanta, Indiana

19. Postoffice Address Atlanta, Indiana

11. Color or Race White } 12. Age at last Birthday 24 }
(Years)

20. Color or Race White } 21. Age at last Birthday 21 }
(Years)

13. Birthplace (State or country) Hamilton County

22. Birthplace (State or country) Hamilton County

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

17. Total time (years) spent in this work 3 yrs.

25. Were precautions taken against ophthalmia neonatorum? yes

26. 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 0

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2 A m. on the date above stated. (Born alive or stillborn)

(Signature) A. C. Newby
Attending Physician
(Attending physician, midwife, householder*)
Address Sheridan Indiana

Filed July 1 1936
C. H. ...
HEALTH OFFICER

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.