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PLACE OF BIRTH

INDIANA STATE BOARD OF HEALTH

Local No. 105

1. County of Hamilton

BUREAU OF VITAL STATISTICS

Registered No. 42808

Township of Adams

CERTIFICATE OF BIRTH

Town of R.P.
or
City of _____

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

2. FULL NAME OF CHILD HELEN IRENE ROBBINS

If child is not yet named, make supplemental report. (Please Print Child's Name)

3. Sex Female If plural births } 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes Date of Birth Oct. 11 1937
Full term (Month) (Day) (Year)

9. Full name Myron F. Robbins
10. Postoffice Address Arcadia, Indiana.

18. Full maiden name Cora Irene Brown
19. Postoffice Address Arcadia, Indiana

11. Color or Race White 12. Age at last Birthday 26
(Years)

20. Color or Race White 21. Age at last Birthday 22
(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. _____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer
17. Total time (years) spent in this work All his life.

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Were precautions taken against ophthalmia neonatorum? yes.

26. Number of children born to this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2 (b) Born alive, but now dead 0

27. 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 Born 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) Dr. A. C. Newberry

Attending Physician
(Attending physician, midwife, householder*)

Filed 10-15 1937

G. H. Hamilton
HEALTH OFFICER

Address Sheridan, Indiana

IN CASE OF MISTAKE IN THE NUMBER OF CHILDREN BORN TO THIS MOTHER, THE NUMBER OF EACH CHILD MUST BE INDICATED IN ORDER OF BIRTH, STATED.