PLACE OF BIRTH · INDIANA STATE BOARD OF HE	ALTH LOS No. 396
1. County of Manual Division OF VITAL STATISTICS	2702
Township of Center CERTIFICATE OF BIRTH	Registered No.
Town of City of Control of Child War har Control of Child of Child Child of Child Child Child Child of Child	
If child is not yet named, make supplemental report. (F	'lease Print Child's Name)
3. Sex If plural 4. Twin, triplet, or other 6. Premature Cogiti-	Date of Birth (Month) (Day)
9. Full PATHER C. Sled 18. Full maiden frame for the formation from the formation from the formation from the formation for the formation	MOTHER ledan
10. Postoffice Address	0. 011
11. Color or Race white 12. Age at last 3 4 20. Color or Race white	21. Age at last 16 Birthday (Years)
13. Birthplace (State or country)	
of work done, typist pures	ion, or particular kind as housekeeper,
work was done, as silk miller of Rell Leleste 24. Industry or but sawmill, bank, etc. work was done	asiness in which s, as own home, silk mill, etc.
7 17. Total time (years) spent in this work 4 4 lars.	ons taken against onatorum?
26. Number of children born to this Number of children, of this mother, mother, including present birth.	(b) Born alive, but now dead
27. If stillborn, months period of gestation or weeks 28. Cause of stillbirth	Before labor
period of gestation	During labor
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was on the date above stated.	(Born alive or stillborn)
(Signature) (Signature)	ald W. Gustafra
Filed 19 4 I progent	(Attending physician, midwife, householder