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CERTIFICATE OF BIRTH

STATE OF INDIANA

Local No. 768

DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

Registered No. 6987

1. County of Marian
Township of _____
Town of _____
City of Indianapolis

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

2. FULL NAME OF CHILD SARA TYCE SHEA Sara Tyce Shea
(Please Print Child's Name)

3. Sex Female If plural births } 4. Twin, triplet, or other _____ C. Premature _____ 7. Legitimate _____
Full term Yes Date of Birth Feb. 12 1926
(Month) (Day) (Year)

FATHER
9. Full name Arthur C. Shea

MOTHER
18. Full maiden name Sara Adams

10. Postoffice Address 4346 Central Ave., Indianapolis

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11. Color or Race White 12. Age at last Birthday 25 (Years)

20. Color or Race White 21. Age at last Birthday 29 (Years)

13. Birthplace (State or country) Indiana

22. Birthplace (State or country) Indiana

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

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

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

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

17. Total time (years) spent in this work 5 yrs.

25. Were precautions taken against ophthalmia neonatorum? Yes.

26. Number of children born to this mother, including present birth 3 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 Sara Aline at 7:34 A.M. on the date above stated. (Born alive or stillborn)

(Signature) Gerald W. Gustafson
FEB 18 1926

Filed _____ 19 _____
Address 508 Hume Marion Rd.
(Attending physician, midwife, householder)

N. B.—In case of more than one child in a family, the parent or guardian must file a separate certificate for each, in order of birth, stated.

HEALTH OFFICER