

v. S. 1

CERTIFICATE OF BIRTH

STATE OF INDIANA
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

Local No. 2209
Registered No. 17123

PLACE OF BIRTH
1. County of Marion
Township of Center
Town of _____
City of Indianapolis

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

2. FULL NAME OF CHILD Michael Corretia Shea THOMAS GIBSON
(Please Print Child's Name)

3. Sex Male If plural births } 4. Twin, triplet, or other _____ C. Premature _____ Full term Legitimacy Yes Date of Birth 4-22-28
(Month) (Day) (Year)

FATHER
9. Full name Arthur Cotton Shea Sr.

MOTHER
18. Full maiden name Sara Adams

10. Postoffice Address 4340 Central Ave. City

19. Postoffice Address 4340 Central Ave. City

11. Color or Race Wh. 12. Age at last Birthday 38 (Years)

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

13. Birthplace (State or country) Ind.

22. Birthplace (State or country) Ind.

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

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

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sales Mgr. and sign

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

17. Total time (years) spent in this work 10

25. Were precautions taken against ophthalmia neonatorum? Yes

26. Number of children born to this mother, including present birth iii Number of children, of this mother, now living, including present birth iii (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 12:37 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.)
APR 29 1928 (Signature) Gerald W. Quastner

Filed _____ 19 24 H. E. Margaul (Attending physician, midwife, householder)
HEALTH OFFICER Address 508 Hume. Marion

number of each, in order of birth, stated.

OCCUPATION

OCCUPATION