

INDIANA STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS

**CERTIFICATE OF BIRTH** 17544

County of Hamilton Registered No. 305

Township of Robberville St.          Ward         

Town of         

City of          (No.         )

FULL NAME OF CHILD Ina Marie Robbins  
If child is not named, make supplemental report.

Sex of Child <u>Female</u>	1 was, Triplet, or other? <u>        </u>	Number in order of birth <u>        </u>	Legitimate? <u>Yes</u>
Date of Birth <u>Dec 21</u> 19 <u>13</u>			
FATHER		MOTHER	
Full Name <u>Cesar C Robbins</u>		Full Maiden Name <u>Grace J. Foulke</u>	
Residence <u>Robberville, Ind.</u>		Residence <u>Robberville, Ind.</u>	
Color or Race <u>White</u>	Age at last Birthday <u>37</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>33</u> (Years)
Birthplace <u>Indiana</u>	Occupation <u>Farmer</u>	Birthplace <u>Indiana</u>	Occupation <u>Housewife</u>
Number of children born to this mother, including present birth <u>2</u>	Number of children, of this mother, now living, including present birth <u>2</u>	Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born alive 285  
on the date above stated. a M.

(Signature) J. D. Sturdevant  
Attending Physician  
(Attending physician, midwife, householder,\*)

Given name added from a supplemental report         , 19        

Address Robberville, Ind.

Filed Dec 21, 1913 J. D. Sturdevant

HEALTH OFFICER. HEALTH OFFICER.