

## PLACE OF BIRTH

INDIANA STATE BOARD OF HEALTH  
DIVISION OF VITAL STATISTICS.

17196

County of HamiltonTownship of Madisonville

Village of

City of Madisonville R.R.

FULL NAME OF CHILD

If child is not named, make supplemental report.

Myron F. RobbinsRegistered No. 205

St.; ..... Ward)

{ Born Alive? } Yes

Sex of Child

Male

Twin, Triplet, or Other

-

} and

{ Number in order of birth

-

Legitimate?

Yes

Date of Birth

8261911

Full Name

Osborn C. Robbins

FATHER

Residence

Madisonville and R.R.

Color or Race

White

Age at last Birthday

35

(Years)

Birthplace

Indiana

Occupation

Farmer

Full Maiden Name

Grace Foulke

MOTHER

Residence

Madisonville and R.R.

Color or Race

White

Age at last Birthday

31

(Years)

Birthplace

Indiana

Occupation

Housekeeper

Number of child of this mother

1

Number of children, of this mother, now living

1

Were precautions taken against Ophthalmia neonatorum?

Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on 8-28, 1911, at 12:30 P.M.

\* When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

(Signature)

J. Baldwin  
Attending physician, midwife, householder.\*

Given or christian name added from a supplemental report..... 19.....

Dated

Sept 8 1911

Address

121st and 2nd

Filed

Sept 9 1911J. D. Sturdevant

HEALTH OFFICER.

HEALTH OFFICER.