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PLACE OF BIRTH

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Local No. 250
Registered No. 12962

1. County of Delaware
Township of Center
Town of _____
or
City of Muncie

(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(No. 1927, East Seventh St. St.)

2. FULL NAME OF CHILD Barbara Jane Haas
(If child is not yet named, make supplemental report. (Please Print Child's Name))

3. Sex Fe *If plural births* } 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes Date of Birth April 15 1934
5. Number in order of birth _____ Full term _____ (Month) (Day) (Year)

FATHER
9. Full name August Haas
10. Postoffice Address 1927 E. 17th St.
11. Color or Race White 12. Age at last Birthday 40 (Years)
13. Birthplace (State or country) Ohio

MOTHER
18. Full maiden name Mable M. Worthen
19. Postoffice Address 1927 E. 17th St.
20. Color or Race White 21. Age at last Birthday 34 (Years)
22. Birthplace (State or country) Indiana

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furnace repairman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
17. Total time (years) spent in this work _____

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Were precautions taken against ophthalmia neonatorum? Yes

26. Number of children born to this mother, including present birth. 7 Number of children, of this mother, now living, including present birth. 5 (b) Born alive, but now dead. 2
27. If stillborn, period of gestation _____ (months or weeks) 28. Cause of stillbirth _____ {Before labor / During labor}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Born alive at 6:45 P.m. on the date above stated. (Born alive or stillborn)
(Signature) [Signature]
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)
Filed Apr 17 1934
HEALTH OFFICER _____
Address 214 East Adams St., Muncie, Ind.

Indicate by check, in order of birth, stated.