

PLACE OF BIRTH

INDIANA STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS.

County of Hancock
Township of Buckcreek

CERTIFICATE OF BIRTH.

16647

Village of _____ Registered No. _____
or
City of _____ (No. _____ St.; _____ Ward)

FULL NAME OF CHILD Edwin Norman Castetter { Born } Yes
Alive } ~~No~~

If child is not named, make supplemental report.

Sex of Child Boy Twin, Triplet, or Other and { Number in order of birth 1 Legitimate? yes Date of Birth March, 3, 1960
(Month) (Day) (Year)

FATHER Full Name Emil Gordon Castetter MOTHER Full Maiden Name Flossie Fern Byers

Residence Buckcreek Township Residence Buckcreek Township

Color or Race White Age at last Birthday 22 (Years) Color or Race White Age at last Birthday 21 (Years)

Birthplace Indiana Birthplace Indiana

Occupation Farm Laborer. Occupation _____

Number of child of this mother First Number of children, of this mother, now living One 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 Mar, 3, 1960, at 11:30 P. M.

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

(Signature) C. J. Smees, M.D.
(Attending physician, midwife, householder,*)

Given or christian name added from a supplemental report _____ 190 _____ Dated Mar. 31, 1960 Address Oaklandon.

Filed Apr 4 1960 Melo Gutt
HEALTH OFFICER. HEALTH OFFICER.