

PLACE OF BIRTH		INDIANA STATE BOARD OF HEALTH	
DIVISION OF VITAL STATISTICS		18008	
County of <u>Delaware</u>	Township of <u>Center</u>	CERTIFICATE OF BIRTH	
Town of _____	City of <u>Wilmington</u>	Registered No. <u>125</u>	
(No. <u>RR# 7- Box 46- Municipal</u> Ward)		Date of Birth <u>April 14</u> 19 <u>18</u>	
FULL NAME OF CHILD <u>Wilma Neoma Haas</u>		4/14/18	
If child is not named, make supplemental report.			
Sex of Child <u>Female</u>	Twin, Triplet, or other? <u>+</u>	and Number in order of birth <u>1</u>	Legitimate? <u>yes</u>
(To be answered only in event of plural births)		Date of Birth <u>April 14</u> 19 <u>18</u>	
FATHER		MOTHER	
Full Name <u>August Haas</u>	Full Maiden Name <u>Mabel Worthing</u>		
Residence <u>RR# 7- Box 46- Municipal</u>	Residence <u>RR# 7- Box 46- Municipal</u>		
Color or Race <u>White</u>	Age at last Birthday <u>23</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>18</u> (Years)
Birthplace <u>Defiance Ohio</u>	Birthplace <u>Hartford City Ind.</u>		
Occupation <u>Common Laborer</u>	Occupation <u>Housewife</u>		
Number of children born to this mother, including present birth <u>1</u>	Number of children, of this mother, now living, including present birth <u>1</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 <u>Born alive</u> at <u>2:54</u> 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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		(Signature) <u>Dr. C. W. Quinn</u>	
Given name added from a supplemental report _____, 19____		<u>Attending Physician</u>	
		(Attending physician, midwife, householder.)	
Address <u>220 W Jackson St.</u>		Filed <u>April 16</u> , 19 <u>18</u> <u>Dr. Chas. W. Smith</u>	
HEALTH OFFICER.		HEALTH OFFICER.	