

PLACE OF BIRTH

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICSCounty of HamiltonTownship of Fallcreek

Town of _____

or _____

City of _____

CERTIFICATE OF BIRTH

17877

Registered No. 45

6693

(No. _____ St. _____ Ward _____)

FULL NAME OF CHILD Mary Audrey Robbins

If child is not named, make supplemental report.

Sex of Child girl ☒ Twin, Triplet, or other? ☒ and ☒ Number in order of birth 1 Legitimate? yes Date of Birth Feb., 3, 1916
(Month) (Day) (Year)Full Name Oscar C. Robbins FATHERResidence Fallcreek TownshipColor or Race White Age at last Birthday 39
(Years)Birthplace IndianaOccupation FarmingFull Maiden Name Grace S. Foulke MOTHERResidence Fallcreek TownshipColor or Race White Age at last Birthday 36
(Years)Birthplace IndianaOccupation HousewifeNumber of children born to this mother, including present birth 3 Number of children, of this mother, now living, including present birth 3 Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:20 A.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) C. J. Kneer, M.D.
Attending physician
(Attending physician, midwife, householder, etc.)

Given name added from a supplemental report _____, 19____

Address OaklandFiled Feb 9, 1916 M H Harrell

HEALTH OFFICER.

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