

S. 1

PLACE OF BIRTH		INDIANA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS		Local No. <u>192</u> <u>13695</u>	
1. County of <u>Tipton</u> Township of <u>Cicero</u> Town of _____ or _____ City of _____		CERTIFICATE OF BIRTH		Registered No. _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)					
2. FULL NAME OF CHILD <u>Donald Joe Farrell</u> (If child is not yet named, make supplemental report. (Please Print Child's Name))					
3. Sex <u>Male</u>	4. Twin, triplet, or other _____	5. Number in order of birth _____	6. Premature _____	7. Legitimate? <u>yes</u>	Date of Birth <u>Mar 11</u> , 19 <u>28</u> (Month) (Day) (Year)
9. Full name <u>Paul Farrell</u>	FATHER		18. Full maiden name <u>Mary Kathryn Robbins</u>	MOTHER	
10. Postoffice Address <u>Tipton R.R. #3</u>			19. Postoffice Address <u>Tipton R.R. #3</u>		
11. Color or Race <u>White</u>	12. Age at last Birthday <u>21</u> (Years)		20. Color or Race <u>White</u>	21. Age at last Birthday <u>29</u> (Years)	
13. Birthplace (State or country) <u>Indiana</u>		22. Birthplace (State or country) <u>Indiana</u>			
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Factory</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House</u>		
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>worker</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>wife</u>		
	17. Total time (years) spent in this work <u>2 years</u>		25. Were precautions taken against ophthalmia neonatorum? <u>yes</u>		
26. 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>		(b) Born alive, but now dead _____	
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 <u>Born alive</u> at <u>8 A.</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.		(Signature) <u>Dr. E. B. Moser</u> <u>Attending Physician</u> (Attending physician, midwife, householder*)			
Filed <u>March 18</u> 19 <u>29</u> <u>R. L. Fullerton M.D.</u> HEALTH OFFICER		Address <u>Donnell full road</u>			