

| PLACE OF BIRTH | | INDIANA STATE BOARD OF HEALTH | |
|--|--|--|--|
| DIVISION OF VITAL STATISTICS | | CERTIFICATE OF BIRTH | |
| County of <u>Tippecanoe</u> | Township of <u>Madison</u> | Registered No. <u>56478</u> | NO. 6 |
| Town of _____ | City of _____ | (No. _____) | St. _____ Ward _____ |
| FULL NAME OF CHILD <u>Paul Edward Jarrell</u> | | | |
| If child is not named, make supplemental report. | | | |
| Sex of Child <u>Male</u> | Twin, Triplet, or other? _____ | Number in order of birth _____ | Legitimate? <u>yes</u> |
| Date of Birth <u>Nov 21</u> 19 <u>17</u> | | (Month) (Day) (Year) | |
| FATHER | | MOTHER | |
| Full Name <u>Ernest A. Jarrell</u> | | Full Name <u>Mary Hazel Adams</u> | |
| Residence <u>R R 31 Elwood Ind</u> | | Residence <u>same</u> | |
| Color or Race <u>white</u> | Age at last Birthday <u>27</u> (Years) | Color or Race <u>white</u> | Age at last Birthday <u>19</u> (Years) |
| Birthplace <u>Elwood Ind</u> | | Birthplace <u>Elwood Ind</u> | |
| Occupation <u>Mechanic</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 syphilitic 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>Elwood Ind</u> on the date above stated. | | | |
| *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>E. A. Mendenhall</u> | |
| Given name added from a supplemental report _____, 19____ | | (Attending physician, show in "Neonatorum") | |
| Address <u>Elwood Ind</u> | | File <u>Nov 28</u> , 19 <u>17</u> - <u>J. M. Becke</u> | |
| HEALTH OFFICER. | | HEALTH OFFICER. | |