

PLACE OF BIRTH		INDIANA STATE BOARD OF HEALTH	
DIVISION OF VITAL STATISTICS.		17174	
County of <u>Hamilton</u>	CERTIFICATE OF BIRTH.		
Township of <u>Jackson</u>	Registered No. <u>183</u>		
Village of _____	City of _____ (No. _____ St. _____ Ward _____)		
FULL NAME OF CHILD <u>Paul Kermit Ross</u>		{ Born Alive? <u>Yes</u> }	
If child is not named, make supplemental report.			
Sex of Child <u>Male</u>	Twin, Triplet, or Other <u>Single</u>	and (Number in order of birth) <u>1st</u>	Legitimate? <u>Yes</u>
Date of Birth <u>July 4</u>		19 <u>11</u>	
(Month) (Day) (Year)			
FATHER		MOTHER	
Full Name <u>Robert E. Ross</u>		Full Maiden Name <u>Sarah Poulke</u>	
Residence <u>Hamilton Co.</u>		Residence <u>Hamilton Co.</u>	
Color or Race <u>White</u>	Age at last Birthday <u>24</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>25</u> (Years)
Birthplace <u>Hamilton Co.</u>		Birthplace <u>Hamilton Co.</u>	
Occupation <u>Farmer</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>1st</u>		Number of children, of this mother, now living <u>One</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 above child; and that it occurred on <u>July 4</u> , 19 <u>11</u> , at <u>3 A.M.</u>			
{ * When there is no attending physician or midwife, then the householder should make this return. See instructions on back. }		(Signature) <u>A. C. Newby M.D.</u>	
Given or christian name added from a supplemental report _____ 19 _____		(Attending physician, midwife, householder,*)	
Dated <u>July 5</u> , 19 <u>11</u>		Address <u>Shinden Ind.</u>	
Filed <u>Aug 9</u> , 19 <u>11</u>		<u>J. A. Sturdevant</u>	
HEALTH OFFICER.		HEALTH OFFICER.	