

In order of birth, stated. This certificate to be sent to the State Board of Health at Indianapolis, not later than the fourth of each month.

PLACE OF BIRTH

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS.

County of Marion
Township of Center
or
Village of
or
City of Indianapolis

CERTIFICATE OF BIRTH.

31439
1942

Registered No. _____
St: 2 Ward)

FULL NAME OF CHILD Sara Faye Adams

{ Born } Yes
{ Alive }

If child is not named, make supplemental report

Sex of Child <u>F</u>	Twin, Triplet, or Other	and (Number in order of birth)	Legitimate? <u>Yes</u>	Date of Birth <u>4 - 4</u> 190 <u>8</u>
Full Name or FATHER <u>Reily G. Adams</u>			Full Maiden Name or MOTHER <u>Emma H. Gibson</u>	
Residence <u>2646 N. New Jersey St</u>			Residence <u>Indianapolis Ind.</u>	
Color or Race <u>W.</u> Age at last Birthday <u>30</u> (Years)			Color or Race <u>W.</u> Age at last Birthday <u>26</u> (Years)	
Birthplace <u>Indiana</u>			Birthplace <u>Indiana</u>	
Occupation <u>Wholesale shoe business</u>			Occupation <u>Nurse</u>	
Number of child of this mother <u>1</u>	Number of children, of this mother, now living <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 above child; and that it occurred on 4-4, 1908, at 11 A.M.

* When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

(Signature) Fred L. Pettyjohns
(Attending physician, midwife, householder.)*

Given or christian name added from a supplemental report _____ 190_____

Dated 4-6 1908 Address 2434 W. Hamilton St. Ind. Ind.

Filed JUN 8 1908 Ernest Dues
HEALTH OFFICER. HEALTH OFFICER.