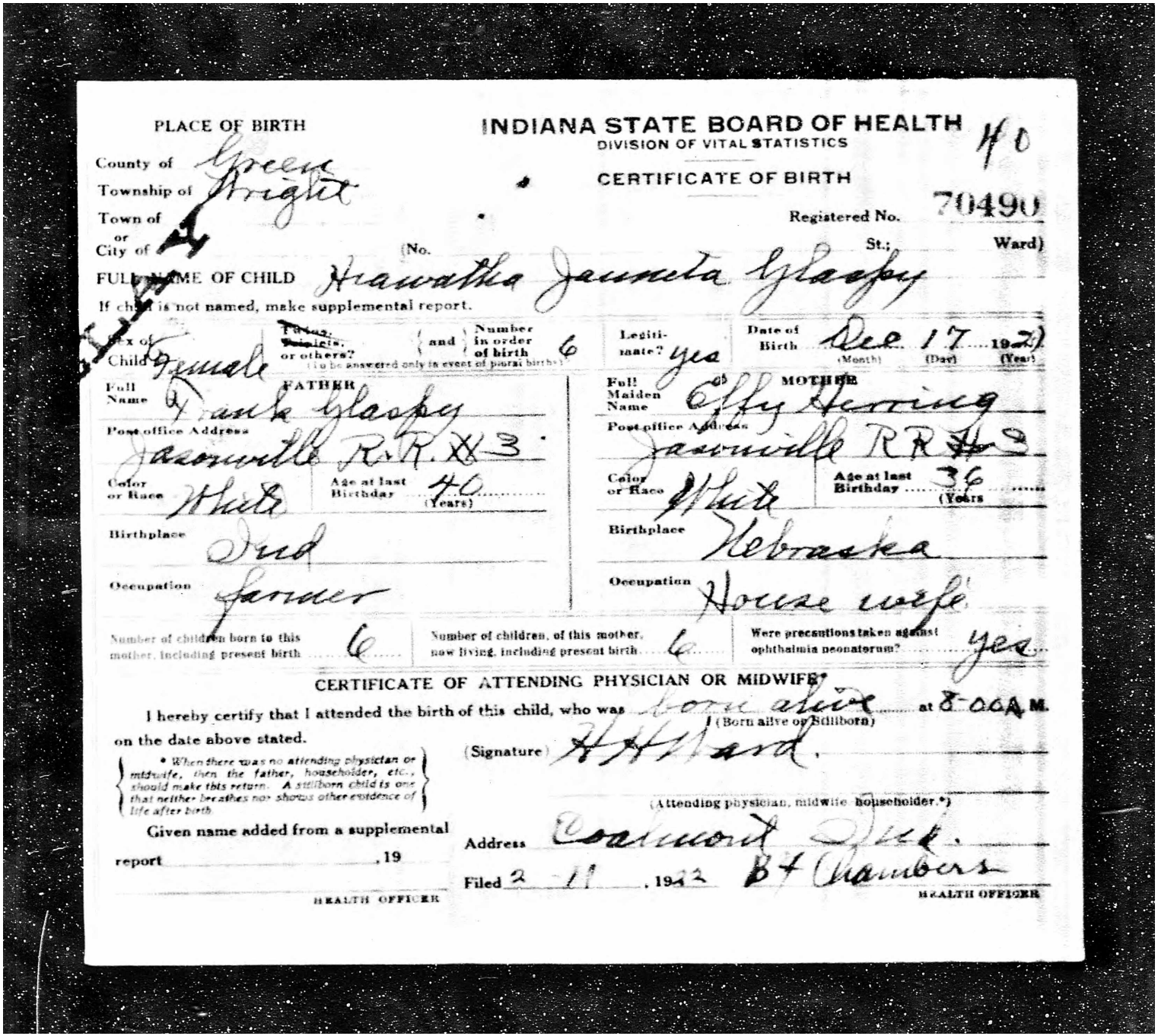

PLACE OF BIRTH

County of Green
Township of Wright
Town of
or
City of (No. St.; Ward)

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH

40

Registered No. 70490

FULL NAME OF CHILD Hiawatha Jaunita Glaspy

If child is not named, make supplemental report.

Sex of Child Female | Twin, triplet, or others? (To be answered only in event of plural births) | and Number in order of birth 6 | Legitimate? yes | Date of Birth Dec 17 (Month) (Day) 1927 (Year)

FATHER

Full Name Frank Glaspy
Post office Address Jasonville R.R. #3
Color or Race White
Age at last Birthday 40 (Years)
Birthplace Ind
Occupation farmer

MOTHER

Full Maiden Name Olly Herring
Post office Address Jasonville R R #3
Color or Race White
Age at last Birthday 36 (Years)
Birthplace Nebraska
Occupation House wife

Number of children born to this mother, including present birth 6
Number of children, of this mother, now living, including present birth 6
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 (Born alive or Stillborn) at 8-00 A.M. on the date above stated.

(Signature) H H Ward
(Attending physician, midwife householder.*)

Address Coalmont Ind.

Filed 2-11, 1928 B F Chambers
HEALTH OFFICER

* 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.

Given name added from a supplemental report, 19
HEALTH OFFICER