

PLACE OF BIRTH

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Local No. 2108-11
30401

1. County of Lake
Township of Calumet
Town of _____
OR
City of Lava, Ind

CERTIFICATE OF BIRTH

Registered No. _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(No. 51, Mary's Mercy Hospital St.)

2. FULL NAME OF CHILD

Sheila Mitchell

If child is not yet named, make supplemental report.

(Please Print Child's Name)

3. Sex <u>fe.</u>	4. Twin, triplet, or other.....	6. Premature Full term <u>✓</u>	7. Legiti- mate? <u>yes</u>	Date of Birth <u>7-16</u> , 19 <u>39</u> (Month) (Day) (Year)
5. Number in order of birth.....	8. Full name of father.....	9. Full name of mother.....	10. Postoffice Address.....	11. Color or Race <u>W.</u>

FATHER

9. Full name William Mitchell

10. Postoffice Address 759 Ohio St.

11. Color or Race W.

12. Age at last Birthday 39 (Years)

13. Birthplace (State or country) Scotland

MOTHER

18. Full maiden name Ann Selinski

19. Postoffice Address 759 Ohio St.

20. Color or Race W.

21. Age at last Birthday 27 (Years)

22. Birthplace (State or country) Chisholm, Minn.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Calumet Tel. Steel 80" Hot Strip.

17. Total time (years) spent in this work Foreman - 3 years. 15 yrs. in Dept.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife.

24. Industry or business in which work was done, as own home lawyer's office, silk mill, etc. Home.

25. Were precautions taken against ophthalmia neonatorum? yes.

26. Number of children born to this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2 (b) Born alive, but now dead 0

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 Born Alive at 7:28 A.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) John M. Behr

Filed 7-27 1939
P. J. Rosenbloom M.D.
HEALTH OFFICER

Address 738 Brady Ave. Ind
(Attending physician, midwife, householder)

number of each, in order of birth, stated.