

Form V. S. 1

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

PLACE OF BIRTH
County of Vanderburgh Local No. 273
Township of Perry
Town of _____ State Registered No. 8715
or _____
City of Evansville (No. 2615) N. Illinois St. _____ Ward _____

CERTIFICATE OF BIRTH

FULL NAME OF CHILD La Verne Anne Debes (Please Print Child's Name)
If child is not named, make supplemental report.

² Sex of Child <u>Female</u>	⁴ Twins, Triplets, or others? (To be answered only in event of plural births) _____	and	⁵ Number in order of birth _____	⁶ Legitimate? <u>Yes</u>	⁷ Date of Birth <u>Feb 26 1931</u> (Month) (Day) (Year)
⁸ Full Name <u>Wm A Debes</u>	Father		¹⁴ Full Maiden Name <u>Christine Mendenman</u>	MOTHER	
⁹ Postoffice Address <u>2615 N. Illinois</u>	<u>Evansville Ind</u>		¹⁵ Postoffice Address <u>Evansville Ind</u>		
¹⁰ Color or Race <u>W</u>	¹¹ Age at last Birthday <u>23</u> (Years)	¹⁶ Color or Race <u>W</u>	¹⁷ Age at last Birthday <u>23</u> (Years)		
¹² Birthplace <u>Perry Co. Ind</u>	¹⁸ Birthplace <u>Vanderburgh Co. Ind</u>				
¹³ Occupation <u>Furniture worker</u>	¹⁹ Occupation <u>Housewife</u>				
²⁰ Number of children born to this mother, including present birth <u>1</u>	²¹ Number of children, of this mother, now living, including present birth <u>1</u>	²² Were precautions taken against ophthalmia neonatorum? <u>Yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
born alive at 6:15 P.M.

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) 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) Spury Bennett MD

(Attending physician, midwife, householder)
Address R7 Evansville Ind
Filed 2-3- 1931 D. C. G. Smith M.D. HEALTH OFFICER

Given name added from a supplemental report _____, 19____