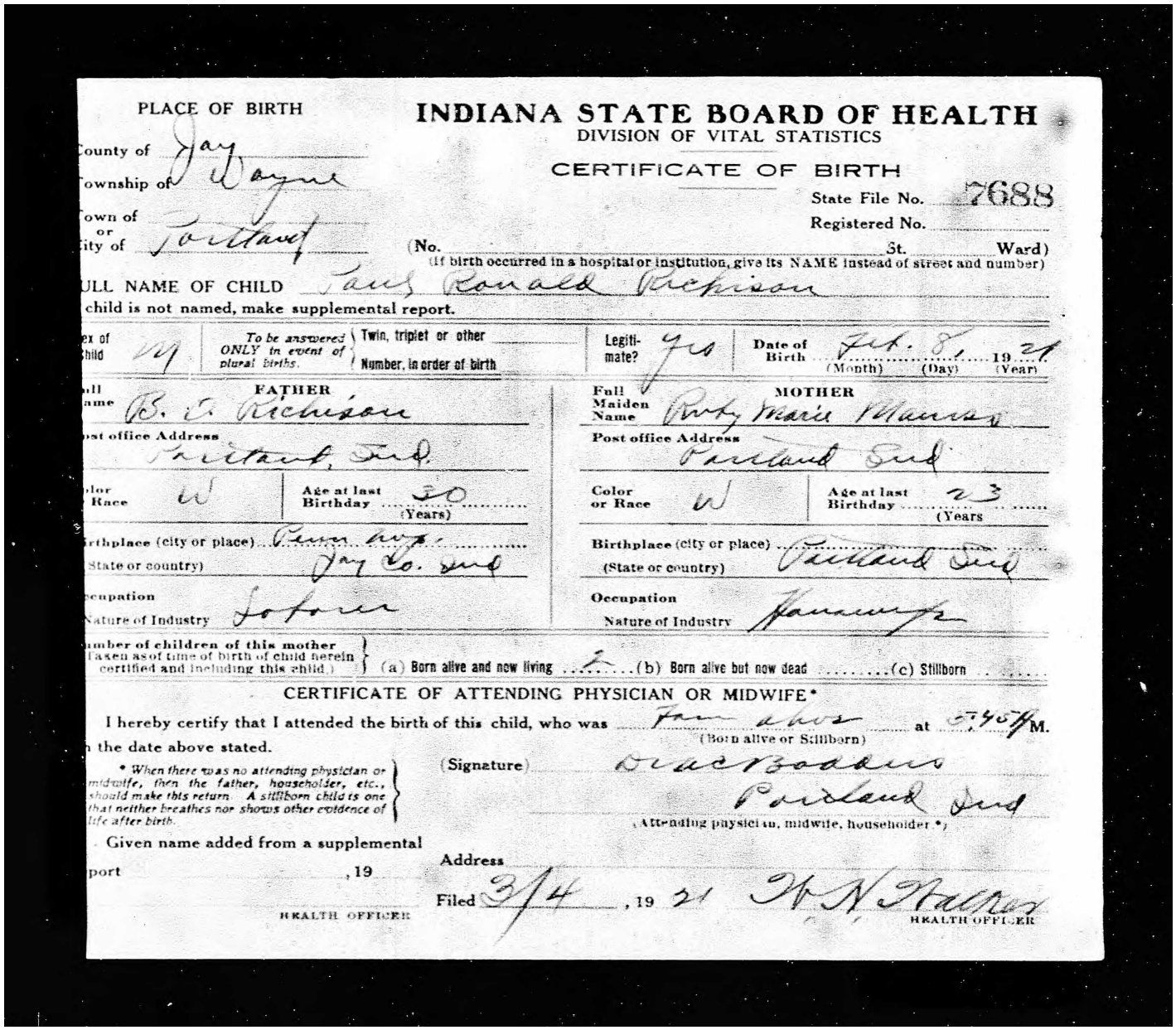
"Indiana, Birth Certificates, 1907-1940," digital images, *Ancestry.com* (http://www.ancestry.com : accessed 2 June 2016); Paul Ronald Richison (8 February 1921), Certificate of Birth no. 7688, Jay County; citing Birth Certificates, 1907-1940, microfilm, Indiana Archives and Records Administration, Indianapolis.



PLACE OF BIRTH

INDIANA STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH

State File No. 7688

Registered No.

County of Jay

Township of Wayne

Town of or City of Portland (No. St. Ward)

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME OF CHILD Paul Ronald Richison

If child is not named, make supplemental report.

Sex of Child M | To be answered ONLY in event of plural births. Twin, triplet or other ____ Number, in order of birth ____ | Legitimate? Yes | Date of Birth Feb. 8, 1921 (Month) (Day) (Year)

FATHER	MOTHER
Full name B. F. Richison	Full Maiden Name Ruby Marie Manus
Post office Address Portland, Ind.	Post office Address Portland Ind
Color or Race W	Age at last Birthday 20 (Years)
Color or Race W	Age at last Birthday 23 (Years)
Birthplace (city or place) Penn twp.	Birthplace (city or place) ____
(State or country) Jay Co. Ind	(State or country) Portland Ind
Occupation Nature of Industry Laborer	Occupation Nature of Industry Housewife

Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead ____ (c) Stillborn ____

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 5:40 P.M. 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) Orac Boaden

Portland Ind

(Attending physician, midwife, householder.*)

Address

Given name added from a supplemental report ____, 19____

HEALTH OFFICER

Filed 3/4, 19 21 N. N. Hathaway

HEALTH OFFICER