

No. _____

PHYSICIAN'S CERTIFICATE

STATE BOARD OF MEDICAL REGISTRATION AND EXAMINATION OF THE STATE OF INDIANA.

This is to Certify, That, pursuant to the provisions of "An Act regulating the practice of Medicine, Surgery and Obstetrics; providing for the issuing of license to practice; providing for the appointment of a State Board of Medical Registration and Examination and defining their duties; defining certain misdemeanors and providing penalties, and repealing all laws in conflict therewith and certain acts therein specified," approved March 8, 1897, _____ M.D., of the County of _____ in the State of Indiana, whose post office address is _____ County, Indiana, has made application for a certificate authorizing a license to practice Medicine, Surgery and Obstetrics in said State, and upon evidence presented it appears that he is the legal possessor of a Diploma

issued to the person named therein, that he has paid the proper fee prescribed by the law, and in all other respects complied with said act, and upon the presentation of this Certificate to the Clerk of _____ County, is entitled to a license to practice Medicine, Surgery and Obstetrics in the State of Indiana.

IN WITNESS WHEREOF, the said Board of Medical Registration and Examination
Has caused this Certificate to be granted and signed by its President
And Secretary, and attested by its official seal at Indianapolis, this

_____ day of _____ 189 19_____
 _____ President
 _____ Secretary

PHYSICIAN'S LICENSE

State of Indiana, Steuben County, ss:

I, Frank D. Hughes, Clerk of the Circuit Court of Steuben
County, in the State of Indiana, do hereby certify that Blaine Andrew Blosser
has complied with the laws of the State of Indiana relating to the practice of Medicine, Surgery and
Obstetrics, in the County and State aforesaid. – See page 257, Acts 1897.

WITNESS my hand and the seal of said Court, this 12th day of April ~~189~~1915

Frank D. Hughes Clerk

..STATEMENT..

Of _____ **Blaine Andrew Blosser** _____ to whom license has been issued as per copy above for the practice of Medicine, Surgery and Obstetrics:

My name is _____ **Blaine Andrew Blosser** _____ My age is __ **blank** _____ years
Place and birth __ **Williams County, Ohio** _____ My present address is _____ **Fremont** _____
Indiana. Schools or system of medicine to which I belong _____ **Eclectic** _____

State of Indiana, _____ **Steuben** _____ County, SS:

I, _____ **Blaine Andrew Blosser** _____ solemnly swear the above and foregoing statement is true to the best of my knowledge and belief.

Subscribed and sworn to before me, this _____ **Blaine Andrew Blosser** _____
this _____ **12th** _____ day of _____ **April** _____ **189-19_15** _____

_____ **Frank D. Hughes** _____
Clerk _____ **Steuben** _____ Circuit Court