PHYSICIAN'S CERTIFICATE

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

This is to Certify, That, pursuant to the provisio	ons 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	
therein specified," approved March 8, 1897,H. L. C	cunningham M.D.,
of the County of Steuben in the State of India	ana, whose post office address is
Salem Center Steuben	County, Indiana, has made application for a
certificate authorizing a license to practice Medicine, S	
evidence presented it appears that he is the legal posse	essor of a Diploma License
issued to the person named therein, that he has paid the other respects complied with said act, and upon the pr	resentation of this Certificate to the Clerk of
Steuben County, is entitled to a license to p	ractice Medicine, Surgery and Obstetrics in the
State of Indiana.	and Broad of Marking Broad and the control of
	aid Board of Medical Registration and Examination
	ertificate to be granted and signed by its President
And Secretary, a	and attested by its official seal at Indianapolis, this
	4th day of August 189 7
	J. C. Webster M.D President
	Wm. F. Curryer M. DSecretary
PHYSICIAN'S	LICENSE
State of Indiana Stauban County see	
State of Indiana, Steuben County, ss:	the Circuit Count of Chauban
	the Circuit Court of Steuben
County, in the State of Indiana, do hereby certify that _	
has complied with the laws of the State of Indiana relat	
Obstetrics, in the County and State aforesaid. – See page	ge 257, Acts 1897.
WITNESS my hand and the seal of said Court, tl	his _4th_ day of August 189 _7
·	John B. Parsell Clerk

..STATEMENT.. Of ___ H. L. Cunningham ______ to whom license has been issued as per copy above for the practice of Medicine, Surgery and Obstetrics: My name is ___ H. L. Cunningham _____ My age is _35____ years Place and birth ___ Hudson Michigan _____ My present address is ___ Salem Center _____ Indiana. Schools or system of medicine to which I belong ____ Regular _____ State of Indiana, ___ Steuben _____ County, SS: I, _____ H. L. Cunningham _____ solemnly swear the above and foregoing statement is true to the best of my knowledge and belief. H. L. Cunningham _____

____John B. Parsell____ Clerk ___Steuben ___ Circuit Court

Subscribed and sworn to before me, this ___4th___ day of ___August_____ 189_7__