

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~~ Permit

No. 629

State of Indiana, **Steuben** County, ss:

I, Ezra L. Dodge, Clerk of the Circuit Court of Steuben County, in the State of Indiana, do hereby certify that George H. Dando has ~~complied with the laws of the State of Indiana relating to the~~ been granted a permit to practice of Medicine, Surgery and Obstetrics, in the County and State aforesaid. – ~~See page 257, Acts 1897.~~ From August 12, 1905 to November 3, 1905 by the state board of medical examination.

WITNESS my hand and the seal of said Court, this 21st day of August 189-19 05
 _____ Ezra L. Dodge _____ Clerk

..STATEMENT..

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

My name is _____ My age is _____ years
Place and birth _____ My present address is _____
Indiana. Schools or system of medicine to which I belong _____

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

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

Subscribed and sworn to before me, this _____ day of _____ **189**-**19**____

____ Ezra L. Dodge _____
Clerk ____ **Steuben** ____ Circuit Court