## 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						
misdemeanors and providing penalties, and repealing all laws in conflict therewith and certain acts						
herein specified," approved March 8, 1897,Stephen H. Fuller M.D.,						
of the County of <b>Steuben</b> in the State of Indiana, whose post office address is						
Pleasant Lake Steuben 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 DiplomaLicense						
ssued 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						
Steuben 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						
J. C. Webster M.D President						
Wm. F. Curryer M. DSecretary						
PHYSICIAN'S LICENSE						
State of Indiana, Steuben County, ss:						
I,John B. Parsell, Clerk of the Circuit Court of Steuben						
County, in the State of Indiana, do hereby certify that Stephen H. Fuller						
nas 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 _19th day ofJuly 1897 Clerk						

## ..STATEMENT..

Of Stephen H. Fuller	to whom license has been issued as per copy above for the practice				
of Medicine, Surgery and Obstetrics:					
My name is Stephen H. Fulle	er		N	/ly age is <b>50</b>	years
Place and birthPalantine New York		My present address isPleasant Lake			
Indiana. Schools or system of medici	ne to which I be	elong	_Regular		
State of Indiana, <b>Steuben</b>	_ County, SS:				
ا, Stephen H. Fulle	solemnly swear the above and				
foregoing statement is true to the be	est of my knowl	edge and b	elief.		
				Stephen H. Ful	ler
Subscribed and sworn to before me,	this <b>19th</b>	day of _	_July	189 <b>7</b> _	
			_	John B. Par	sell
			Clerl	<steuben _<="" td=""><td> Circuit Court</td></steuben>	Circuit Court