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 __**Steuben**_____ 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 __**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
_____ day of _____ ~~189~~ 19____
____W. A. Spurgeon M.D._____ President
____Wm. F. Curryer M. D._____Secretary

License issued on license filed issued from the Madison County Circuit Court

_____

PHYSICIAN'S LICENSE

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

I, __Fred Schneider_____, Clerk of the Circuit Court of _____ Steuben _____ County, in the State of Indiana, do hereby certify that _____Benjamin F. Severus _____ 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 _17th___ day of __May_____ ~~189~~ 19__02___
____ Fred Schneider _____ Clerk

_____

..STATEMENT..

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

My name is _____ Benjamin F. Severus _____ My age is __53_____ years Place and birth _____Knox County, Ohio_____ My present address is ____York_____ Indiana. Schools or system of medicine to which I belong _____Eclectic_____

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

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

_____ Benjamin F. Severus _____

Subscribed and sworn to before me, this __17th_____ day of ___May _____ ~~189~~19_02__

____ Fred Schneider _____

Clerk ___**Steuben** ___ Circuit Court