

No. 8676

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 Amended March 3, 1899, March 11, 1901 and March 4, 1905 therein specified," approved March 8, 1897, ____ Robert Lavern Wade _____ M.D., of the County of Steuben in the State of Indiana, whose post office address is _____ Fremont, 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 by him 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, Ezra L. Dodge, Clerk of the Circuit Court of Steuben County, in the State of Indiana, do hereby certify that Robert Lavern Wade 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. + C

WITNESS my hand and the seal of said Court, this 26th day of November 189-19_07
Ezra L. Dodge Clerk

..STATEMENT..

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

My name is _____ Robert Lavern Wade _____ My age is __30____ years
Place and birth __Brushy Prairie, Lagrange County, Indiana____ My present address is _Fremont____
Indiana. Schools or system of medicine to which I belong _____ Regular _____

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

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

_____ Robert Lavern Wade _____
Subscribed and sworn to before me, this _____ 26th _____ day of _____ November _____ ~~189~~ 19_07_

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