No.	3974

PHYSICIAN'S CERTIFICATE

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

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, James J. Wilkinson M.D., of the County ofSteuben in the State of Indiana, whose post office address is Angola 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 Diploma License lissued 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 13th day of July 189_7 J. C. Webster M.D President Physiciany's LICENSE State of Indiana, Steuben County, ss:	This is to C	Certify, That, purs	suant to the prov	visions of "An A	Act regulating the pra	actice of Medicine,
misdemeanors and providing penalties, and repealing all laws in conflict therewith and certain acts therein specified," approved March 8, 1897,James J. Wilkinson	Surgery and Obste	trics; providing for	or the issuing of	license to prac	tice; providing for th	e appointment of
therein specified," approved March 8, 1897,James J. Wilkinson	a State Board of M	ledical Registration	on and Examinat	ion and defini	ng their duties; defin	ing certain
of the County ofSteuben in the State of Indiana, whose post office address is Angola 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 Diploma License	misdemeanors and	d providing penal	lties, and repeali	ng all laws in c	onflict therewith and	d certain acts
	therein specified,"	approved March	n 8, 1897,Jar	nes J. Wilkinso	n	M.D.,
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	of the County of _	_Steuben	in the State of I	ndiana, whose	post office address i	is
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	Angola St	euben	(County, Indiana	a, has made applicat	ion for a certificate
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	authorizing a licen	se to practice Me	edicine, Surgery	and Obstetrics	in said State, and up	on evidence
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And Secretary, and attested by its official seal at Indianapolis, this					_	
					-	•
J. C. Webster M.D				•	•	•
PHYSICIAN'S LICENSE State of Indiana, Steuben County, ss:						
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 James J. Wilkinson 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 _23rd day of July 1897						
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 James J. Wilkinson 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 _23rd day of July 1897						
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	•			_	•	, Surgery and
John B. Parsell Clerk	WITNESS r	ny hand and the	seal of said Cou			
				Jc	ohn B. Parsell	Clerk

..STATEMENT..

Of James J. Wilkinson	to whom license has been issued as per copy above		
for the practice of Medicine, Surgery and Obstetr	rics:		
My name is James J. Wilkinson	My age is _55 yea	ars	
Place and birthMercer Co Pennsylvania	My present address isOrland		
Indiana. Schools or system of medicine to which ${\rm I}$	belongRegular		
foregoing statement is true to the best of my kno	solemnly swear the above and owledge and belief.		
	s J. Wilkinson		
Subscribed and sworn to before me, this7th	day of January 189_8		
	John B. Parsell		
	Clerk Steuben Circuit (Cour	