

No. 3974

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, James J. Wilkinson M.D., of the County of Steuben 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

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
13th day of July 1897
J. C. Webster M.D. President
Wm. F. Curryer M. D. Secretary

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
John 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 Obstetrics:

My name is _____ James J. Wilkinson _____ My age is _55_____ years
Place and birth _____ Mercer Co Pennsylvania _____ My present address is _____ Orland _____
Indiana. Schools or system of medicine to which I belong _____ Regular _____

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

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

_____ James J. Wilkinson _____
Subscribed and sworn to before me, this __7th____ day of _____ January _____ 189_8__

_____ John B. Parsell _____
Clerk ____ **Steuben** ____ Circuit Court