No. _2226_____

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, __Theodore F. Wood_____ 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

__9th_____ day of ___July_____ 189_7___
____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 _____ Theodore F. Wood _____ 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 _19th___ day of ___July_____ 189_7____
____John B. Parsell_____ Clerk

_____

<div align="center">..STATEMENT..</div>

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

My name is _____ Theodore F. Wood _____ My age is __57_____ years Place and birth __Chinaugo New York_____ My present address is _____Angola_____ Indiana. Schools or system of medicine to which I belong _____Regular_____

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

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

                    _____ Theodore F. Wood _____

Subscribed and sworn to before me, this ___19th____ day of __July_____ 189_7__

                    ____John B. Parsell_____

                    Clerk ___**Steuben** ___ Circuit Court