Harrisburg Hospital

Harrisburg, Pennsylvania

FOR

TRAINING

This Certificate

was born to _____

in this Hospital at _____ a.m.

the _____ day of _____ A.D. 19__

USE

In Witness Whereof the said Hospital has caused this Certificate to be signed by its duly authorized officer and its Corporate Seal to be hereunto affixed.

Superintendent

ONLY

Attending Physician

FORM F-HOLLISTER BIRTH CERTIFICATE
FRANKLIN C HOLLISTER MC, CHICAGO