

HOUSTON, TEXAS, _____ 192__

THIS CERTIFIES
THAT _____

HAS PAID TO THE
HOUSTON NEGRO HOSPITAL
THE SUM OF SIX DOLLARS (\$6.00)

ENTITLING _____ AND THE IMMEDIATE MEMBERS OF _____
FAMILY TO THE BENEFITS OF SAID HOSPITAL, UNDER ITS
RULES AND REGULATIONS, IN CASE OF SICKNESS OR AC-
CIDENT BEFALLING THEM DURING THE YEAR 192__

HOUSTON NEGRO HOSPITAL

No. _____

BY _____