

**Letter from One of Nevada's Daughters:
By Birth or by Choice**

Name _____
Address _____

Significant Medical History

Describe situations, treatment, those who assisted you (including childbirth)
Medical discoveries and fads
Folk treatment and remedies
Alternative treatments and medicine
Epidemics
Residential treatment programs

I, _____, hereby give permission to the Nevada Women's History Project for the above materials to be utilized for research/publication and place no restrictions on its use. I expect no remuneration.

I do__ do not__ want my name used in any publication of this information.

Date: _____ Signed: _____