

(1) PLACE OF BIRTH

County of Madison

Township of Madison

or
Inc. Town of

or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STATE OF MISSISSIPPI
State Board of Health

18910

Registration District No. 31044 Registered No. 23
(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make up name as soon as possible

(a) SEX Male (b) TIME OF BIRTH 7 (c) HOUR 40 (d) DATE Aug 23

(e) FATHER Bennie Oscar Smith (f) MOTHER Ether M. Davis

(g) FATHER Lexville S. L. Pt 1 (h) MOTHER Lexville S. L. Pt 1

(i) COLOR White (j) AGE 24 (k) COLOR White (l) AGE 34

(m) RESIDENCE Saluda County (n) RESIDENCE Lexington County

(o) OCCUPATION Farmer (p) OCCUPATION House-wife

(q) Number of children born to mother, living from this 7 (r) Number of children of this mother and living from this 5

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated. (Born alive or stillborn) (Sex M. or F. M.)

(23) (Signature) J. Sidney Black (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lexville S. L.

Given name added from a supplementary report

(26) Witness (Signature of Witness necessary only when question is to signed by mark)

(27) July 3 23 (28) H. B. Smith Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

As a woman becomes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.