

File No.—For State Registrar Only

25345

State Board of Health

Registration District No. 1003 Registered No. 1005
(For use of Local Registrar)

(No. St.; Ward)

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

If child is not yet named, make supplemental report as directed

(7) DATE OF

BIRTH Aug 12 1944
(Name of Month) (Day) (Year)

MOTHER

(14) NAME BEFORE MARRIAGE *Miss Loris B. Burton*

(15) PRESENT POSTOFFICE OF MOTHER *Lapper #8.5.50*

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE
① Phoenix Co. Ga.

(19) OCCUPATION
House Wife

(21) Number of children of this mother
now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Amel at 11-0 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed Aug 20 1933 (28) [Signature] 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.

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