

(1) PLACE OF BIRTH

County of OconeeTownship of Egglestonor
Inc. Town ofor
City of

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

(2) Full Name of Child Lily Belle Callohan

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Age Parents Married <u>2</u>	(7) DATE OF BIRTH <u>4/15/19</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Vadel Callohan(9) PRESENT POSTOFFICE OF FATHER Waverly 17x(10) COLOR OR RACE Whit (11) AGE AT LAST BIRTHDAY 23(12) BIRTHPLACE Oconee Co. Ga.(13) OCCUPATION Farm(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lila Cook(15) PRESENT POSTOFFICE OF MOTHER Waverly 17x(16) COLOR OR RACE Whit (17) AGE AT LAST BIRTHDAY 20(18) BIRTHPLACE Oconee Co. Ga.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) [Signature](23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife [Address]

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mother)

(26) Filed 9/28 19 19 (27) 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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