

City of Albany State of Georgia Registration District No. 207 12-18-23

County of Albany

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

(1) Full Name of Child Lela Hyman Is child a boy or girl girl

(2) Sex of Child girl (3) Type or Figure JK (4) Date of Birth Dec 17 23

(5) Is child born at home or in hospital at home

FATHER.

(6) Name of Father Jeff Hyman

(7) Name of Mother Deanton AC

(8) Color of Father white (9) Age at last birthday 38

(10) Birthplace of Father AC

(11) Occupation of Father Farmer

MOTHER.

(12) Name of Mother Maggie Evans

(13) Name of Father of Mother Deanton AC

(14) Color of Mother white (15) Age at last birthday 36

(16) Birthplace of Mother DC

(17) Occupation of Mother House wife

(18) Number of children born to mother, including present birth 4

(19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born Dec 17 23 (Day, date or stillborn) (Hour A.M. or P.M.) 3 A.M.

on the date above stated.

(21) (Signature) Tom Naham

(22) Place whether Physician or Midwife Physician

(23) Address of Physician or Midwife Deanton AC

Given name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 23 is signed by midwife)

(25) Place 12-18-23 (26) Place (27) Deanton AC

When there was no attending physician or midwife, then the mother, grandmother, etc., shall sign the report. If a child breathes even once, it must not be reported as stillborn. The report is to be made before the first month of pregnancy.