

1. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

File No.—For State Registrar Only

41429

State Board of Health

Registration District No. 91012

Registered No.....
(For use of Local Registrar)

(No. St.; Ward)
Institution, give name of same instead of number

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

(7) DATE OF *12-13*

(14) NAME BEFORE MARRIAGE Henrietta M. Miller

(15) PRESENT POSTOFFICE OF MOTHER *Asbury*

(11) AGE AT LAST BIRTHDAY.....38.....
(Year)

(18) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY.....34.....
(Year)

(12) BIRTHPLACE (Year)
New laborer SC

(16) BIRTHPLACE _____ (Year) _____

(13) OCCUPATION: Farmer

(18) OCCUPATION

(20) Number of children born to mother, including present birth 10

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was, born at 50 M.,
on the date above stated.

(23) (Signature) Wm. J. Washington
(24) State whether Physician or Midwife: (25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness W. H. Amodeo
(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed July 10 1923 (28) W. H. Hume
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.