

(1) **County of** Barrenburg
Township of J. Smith
City of

CERTIFICATE OF BIRTH
State of West Virginia
State Board of Health

Registration District No. 404 **Registered No.** 2802
(For use of Local Health Officer)

Sex Male **Age** 5 **Color** White **Religion** None
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) **Full Name of Child** Odell M. McMillan **If child is not yet named, make appropriate entry at birth**

DATE OF BIRTH Jan 6 1923 **TIME OF BIRTH** 10:30
PLACE OF BIRTH Home of Father

FATHER
NAME Odell M. McMillan
RESIDENCE Ehrhardt S.C.
COLOR White **AGE AT LAST BIRTH** 29
EDUCATION S.C.
OCCUPATION Farming
Number of children born to mother, including present birth 5

MOTHER
NAME Viola Halpern
RESIDENCE Ehrhardt S.C.
COLOR White **AGE AT LAST BIRTH** 27
EDUCATION S.C.
OCCUPATION Teacher on Farm
Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(23) 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.)

(24) (Signature) Malley Carter
(25) State whether Physician or Midwife Midwife (26) Address of Physician or Midwife Ehrhardt S.C.

Given name added from a supplemental report
(27) Witness (Signature of Witness necessary only when question 23 is signed by parent)
(28) Date Feb 26 1923 Malley Carter
Registrar

*When there was no attending physician or midwife, then the father or mother must sign this certificate.
If a child breathes even once, it must not be reported as stillborn.