

(1) STATE OF MISSISSIPPI

County of Yazoo
Township of Smith

City of

City of

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

CERTIFICATE OF BIRTH
JANUARY 1923
State Board of Health

Registration District No. 404

2896

Registered No. 26
(For use of Local Registrar)

(2) Full Name of Child

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

(a) SEX Boy (b) Type or Figure To be reported in case of Twin or Triple (c) Number in order of birth 3 (d) Age 45 (e) DATE OF BIRTH Feb 17, 23

FATHER.
(a) FULL NAME Lewis Grant
(b) PRESENT ADDRESS OF FATHER Emhardt S.C.
(c) COLOR Ca (d) AGE AT LAST BIRTHDAY 25
(e) BIRTHPLACE S.C.
(f) OCCUPATION Farmer
(g) Number of children born to mother, including present birth 3

MOTHER.
(a) FULL NAME Nitha Albany
(b) PRESENT ADDRESS OF MOTHER Emhardt S.C.
(c) COLOR Cal (d) AGE AT LAST BIRTHDAY 22
(e) BIRTHPLACE S.C.
(f) OCCUPATION Laborer and Farmer
(g) 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 born alive and stillborn (Hour A. M. or P. M.)

(23) (Signature) Martha Johnson
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Emhardt S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by nurse)

(27) Filed Feb 24, 23 at 26

When there was no attending physician or midwife, then the father, mother, or other person, if a child breathes even once, it must not be reported as stillborn before the next month of birth.