

(1) PLACE OF BIRTH

County of Galveston
Township of Pine Grove
or
The Town of Galveston
or
City of _____

CERTIFICATE OF BIRTH
STATE OF TEXAS
BUREAU OF VITAL STATISTICS
STATE HOUSE OF REPRESENTATIVES

REGISTERED NO. 3080

Registered No. 13
(For use of Local Registrar)

St. _____ Ward _____

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

(2) Full Name of Child Carol Miller

2. SEX OF CHILD
a. Male Male
b. Female Female
To be determined by order of birth of twins

If child is not yet named, make supplemental report as directed
DATE OF BIRTH Feb 28 1903
(Name of Month) (Day) (Year)

3. FATHER'S NAME Edward Miller
4. MOTHER'S NAME Louise Miller
5. RACE White
6. OCCUPATION Teacher

7. MARRIAGE Roscoe Scott
8. OCCUPATION OF MOTHER Home
9. RACE White
10. SIGNATURE S.C.
11. CERTIFICATION 11/1/03

12. NUMBER OF CHILDREN BORN TO FATHER 7

13. NUMBER OF CHILDREN BORN TO MOTHER 7

CERTIFICATE OF ATTENDING PHYSICIAN FOR BIRTH
14. I hereby certify that I attended the birth of this child, and that the child was born alive and healthy.
(Signature) Roscoe Scott
(124) State whether Physician or Midwife Physician
(125) Address of Physician For Midwife

15. SIGNATURE OF REGISTRAR For Midwife
16. SIGNATURE OF PHYSICIAN For Midwife
17. SIGNATURE OF MOTHER For Midwife
18. SIGNATURE OF FATHER For Midwife