

U.S. VISITOR VOUCHER TO MEET

County of York
Township of Kennedy
or
Inc. Town of
or
City of

(2) Full Name of Child Mathi Mueb [If child is not yet named, make supplemental report as directed]

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? <i>No</i> To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>June 16, 1932</i> (Month) (Day) (Year)
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FATHER.

(1) FULL NAME Oliver Miller

(2) PRESENT POSTOFFICE OF FATHER Rock Hill SC

(3) COLOR Negro (11) AGE AT LAST BIRTHDAY 20 (3 years)

(12) BIRTHPLACE SC.

13) OCCUPATION Farm Laborer

20) Number of children born to mother, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 10 A.
on the date above stated. (Born alive or stillborn) (Hour, P. M. or P. M.)

(23) (Signature) Judith Solomon

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
tal report

Medrif

(26) Witness _____
(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed 1/25 1922 (28) Booneville

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.