

(1) PLACE OF BIRTH

County of WayneTownship of Lynch

or

Inc. Town of

or

City of

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

Registration District No. 2-010Registered No. 23

(For use of Local Registrar)

(2) Full Name of Child Jelrain Miles

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>4-29-16</u>
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)	

## FATHER.

(8) FULL NAME <u>J. Miles</u>	(14) NAME BEFORE MARRIAGE <u>Jane Kennedy</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Cowdoras SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Cowdoras SC</u>
(10) COLOR OR RACE <u>white</u>	(16) COLOR OR RACE <u>white</u>
(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE <u>Florida, Cal.</u>	(18) BIRTHPLACE <u>Florida, Cal.</u>
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>

## MOTHER.

(14) NAME BEFORE MARRIAGE <u>Jane Kennedy</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Cowdoras SC</u>
(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(18) BIRTHPLACE <u>Florida, Cal.</u>	(19) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn)(23) (Signature) Lawrence

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

PhysicianCowdoras SC

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by parent)

Registrar

(27) Filed May 1-1916

(28)

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.

Registrar

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.