

(1) PLACE OF BIRTH

County of YorkTownship of YorkIn Town of YorkCity of York (No. 4413 Registration District No. 57 Registered No. 57
(For use of Local Registrar)
If child is born in a hospital or other institution, give name of same instead of street and number.)2 Full Name of Child James Harrison Miller

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

(4) Twin or triplet? no(5) Number in order of birth 1(6) Are Parents Married? yes(7) DATE OF BIRTH Jan. 1, 1923
(Name of Month) (Day) (Year)

FATHER.

NAME James Harrison MillerPRESENT
POSTOFFICE
OF FATHER York, Pa.COLOR White(11) AGE AT LAST BIRTHDAY 26
(Years)EYES BlueBIRTHPLACE York, Pa.OCCUPATION Teacher

MOTHER.

(14) NAME BEFORE MARRIAGE John Harrison Miller(15) PRESENT POSTOFFICE OF MOTHER York, Pa.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE York, Pa.(19) OCCUPATION Teacher(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at York, Pa. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. R. Miller(24) State whether Physician or Midwife (25) Address of Physician or Midwife York, Pa.

When name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed 5/10 1923

(28)

J. R. Miller

Local Registrar

When a child is born, the attending physician or midwife, then the father, householder, etc., should make this return. If the child is born once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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.