

File No.—For State Registrar Only

82864

**State Board of Health**

Registration District No. 3409

Registered No. 28

(No. ....)  
(For use ☒ Local Registrar)

(No. ....)  
(For use ☒ Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of St.; X Ward)

(2) Full Name of Child. Andrew Miller

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

(3) BOY OR  
~~GIRL?~~

(4) Twin  
or Triplet?

(5) Number in order of birth

(6) Are  
Parents  
Married?

(7) DATE OF BIRTH 01/8, 13

(Name of Month) (Day), 191-  
(Year)

## FATHER

(8) FULL NAME Ghedo Miller

**MOTHER.**

(14) NAME BEFORE MARRIAGE Lollar Mills

(9) PRESENT  
POSTOFFICE  
OF FATHER *714 1/2 1st St. S.E.*

(15) PRESENT  
POSTOFFICE  
OF MOTHER *King 20*

(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *31*

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21

(12) BIRTHPLACE *DC*

(18) BIRTHPLACE \_\_\_\_\_ (Years) \_\_\_\_\_

(13) OCCUPATION

(19) OCCUPATION  
*Farmer*

(20) Number of children born to mother, including present birth { .....

(21) Number of children of this mother  
now living, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was John at 10 on the date above stated. 3

(23) (Signature) *Ida Willard*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(21) Filed .....191.... (28) *J M Smith*

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.