

(1) **FRANK**County of **Adams**

Township of

In Town of

City of **Adams**

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

(2) Full Name of Child **Glenn Miller**

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

(3) SEX Male	(4) Type of Infant Normal	(5) Number in order of birth 1st	(6) Are Parents Married? No	(7) DATE OF BIRTH Feb 6 1912 (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME **Christopher Miller**

(9) PRESENT POSTOFFICE OF FATHER **N.Y. City**

(10) COLOR OR RACE **Col.** (11) AGE AT LAST BIRTHDAY **37** (Years)

(12) BIRTHPLACE **N.Y. City**

(13) OCCUPATION **Porter**

(14) Number of children born to mother, including present birth **One**

MOTHER

(14) NAME BEFORE MARRIAGE **Robbie Byrd**

(15) PRESENT POSTOFFICE OF MOTHER **Adams S.C.**

(16) COLOR OR RACE **Col.** (17) AGE AT LAST BIRTHDAY **25** (Years)

(18) BIRTHPLACE **Wadley Ga**

(19) OCCUPATION **Domestic**

(20) Number of children of this mother now living, including present birth **One**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*(21) I hereby certify that I attended the birth of this child, who was **born alive** **10:15 P.M.** on the date above stated. (Month, Day or P.M.)(22) (Signature) **A. D. Johnson**(23) State whether Physician or Midwife **Physician**(24) Address of Physician or Midwife **Adams S.C.**

Given name added from a supplemental report

(25) Witness

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

(26) Filed **2/12/12**

(27) 1912

(28)

(29) **A. Ashburn** 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 stillbirth before the fifth month of pregnancy.

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