

1 Place of Birth

County of

Reg. Dist. of

Town or City of

2 FULL NAME OF CHILD

3 Sex of child

Female

4 Twin, triplet or other

5 Number in order of birth

6 Legitimacy

7 Date of birth

(To be answered in event of plural births.)

(Write Yes or No)

(Month)

17

FATHER

8 FULL NAME

9 RESIDENCE

10 COLOR

12 BIRTHPLACE

11 OCCUPATION

10 Number of children born to this mother.

including present living child

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

12 I hereby certify that I attended the birth of this child, who was born alive and that I did use the treatment for preventing ophthalmia neonatorum.

*When there was no physician, midwife, or other person present at the birth, the mother or other person present at the birth is one that neither testifies nor shows other evidence of life after birth.

(Signature)

Address

Given name added from supplemental report

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

Reg. Dist. No. 2C Register No. 6
County of Augustus Ga. (Neely Niles) Ward

Carolyn Buist Young

(If child is not yet supplemental report)

14 FULL NAME

MOTHER

15 RESIDENCE

16 COLOR

17 AGE AT BIRTH

18 BIRTHPLACE

19 OCCUPATION

21 Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

12 I hereby certify that I attended the birth of this child, who was born alive and that I did use the treatment for preventing ophthalmia neonatorum.

*When there was no physician, midwife, or other person present at the birth, the mother or other person present at the birth is one that neither testifies nor shows other evidence of life after birth.

(Signature)

Address

Given name added from supplemental report

R. M. Mellock