RAY BLANTON
GOVERNOR

Eugene W. Fowinkle, M.D., M.P.H.
Commissioner

STATE OF TENNESSEE
DEPARTMENT OF PUBLIC HEALTH
NASHVILLE 37219

William T. Buckley
STATE REGISTRAR
ISSUED
AUG 13 1975

I hereby certify the below to be a true and correct copy of the official document on file in this Department. Valid ONLY when embossed seal of the Tennessee Department of Public Health and multi-color seal of State Registrar are affixed.

E W Fowinkle

EUGENE W. FOWINKLE, M.D.
Commissioner

# CERTIFICATE OF LIVE BIRTH

DEPARTMENT OF PUBLIC HEALTH - STATE OF TENNESSEE - DIVISION OF VITAL STATISTICS
COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

BIRTH NO. 141-432264

1. NAME OF CHILD — FIRST: Fontie — MIDDLE: Claire — LAST: Mahannah

2. SEX: Female

3A. THIS BIRTH: SINGLE ☐ TWIN ☐ TRIPLET ☐

3B. IF TWIN OR TRIPLET, THIS CHILD BORN: 1ST ☐ 2ND ☐ 3RD ☐

4. DATE OF BIRTH — MONTH: May — DAY: 19, — YEAR: 1922

5. PLACE OF BIRTH
A. COUNTY: Shelby
B. CIVIL DISTRICT:
C. CITY (IF OUTSIDE CITY LIMITS WRITE RURAL) OR TOWN: Memphis
D. NAME OF (IF NOT IN HOSPITAL, GIVE STREET ADDRESS AND LOCATION) HOSPITAL:

6. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)
A. STATE: Tenn. B. COUNTY: Shelby C. CIVIL DISTRICT:
D. CITY (IF OUTSIDE CITY LIMITS, WRITE RURAL) OR TOWN: Memphis
E. STREET (IF RURAL, GIVE LOCATION) ADDRESS:

## FATHER OF CHILD

7. FULL NAME — FIRST: Joseph — MIDDLE: Claire — LAST: Mahannah

8. COLOR OR RACE: White

9. AGE (AT TIME OF THIS BIRTH): 8-12-90 YEARS

10. BIRTHPLACE (State or Foreign Country): Ohio

11A. USUAL OCCUPATION: Kelsey Manu. Co.

11B. KIND OF BUSINESS OR INDUSTRY: Manufacturing

## MOTHER OF CHILD

12. FULL MAIDEN NAME — FIRST: Fontie — MIDDLE: Gray — LAST: Harris

13. COLOR OR RACE: White

14. AGE (AT TIME OF THIS BIRTH): 5-3-90 YEARS

15. BIRTHPLACE (State or Foreign Country): Mississippi

16A. USUAL OCCUPATION: Housewife

16B. KIND OF BUSINESS OR INDUSTRY:

17. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (DO NOT INCLUDE THIS CHILD)
A. HOW MANY OTHER CHILDREN ARE NOW LIVING?
B. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD?
C. HOW MANY CHILDREN WERE STILLBORN (BORN DEAD AFTER 20 WEEKS OF PREGNANCY)?

18. MOTHER'S MAILING ADDRESS:

19. SIGNATURE — I HEREBY CERTIFY THAT THIS CHILD WAS BORN ALIVE ON DATE STATED ABOVE
NAME: M R Howard
ADDRESS:
M.D. ☐ MID-WIFE ☐ OTHER (SPECIFY)

20A. REGISTRATION DISTRICT NO.:

20B. DATE RECEIVED BY LOCAL REGISTRAR: 5/27/54

20C. REGISTRAR'S SIGNATURE: Estelle Stevenson

FOR MEDICAL AND HEALTH USE ONLY

21. LENGTH OF PREGNANCY: