STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

09510331

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

MISSISSIPPI STATE BOARD OF HEALTH

4499
Do Not Write Here

1. PLACE OF BIRTH
County Hinds Dist. No. 297 Reg. No. 107
Voting Precinct Inside ✓ or Village
or City Jackson Miss (Hospital) Jackson Infirmary

2. Full name of child Ann Dewitt Prather

3. Female | If plural births 4. Twin or triplet / 5. No. in order of birth | 6. Premature / Full term ✓ | 7. Legitimate? yes | 8. Date of birth 2 18 1934 (Month, day, year)

FATHER	MOTHER
9. Full name Robert James Prather	18. Full maiden name (Emmette) Emmette Jeanne Coverly
10. Full P. O. Address 911 Parkside Place	19. Full P. O. Address Same
11. White 12. Age at last birthday 26 (Years)	20. Color White 21. Age at last birthday 28 (Years)
13. Birthplace (city or county) (State or country) Webb, Miss.	22. Birthplace (city or county) (State or country) Columbia, Miss
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Co	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work 19 — 17. Total time (years) spent in this work 5 yrs.	25. Date (month and year) last engaged in this work 19 — 26. Total time (years) spent in this work 3 yrs.

27. Number of children of this mother (at time of this birth and including this child) 2 (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn

28. If stillborn,* period of gestation months or weeks | 29. Cause of stillbirth | Before labor / During Labor

*See other side.

MARGIN RESERVED FOR BINDING

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child who was Born Alive at 10:05 P.m., on the date above stated. (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Filed March 2 1934

L. W. Bogert Registrar.

(Signed) J. C. Walker, M. D.
or ...., Midwife
Address

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

JUN - 3 2010

Judy Moulder
Judy Moulder
STATE REGISTRAR

MISSISSIPPI STATE BOARD OF HEALTH