

CERTIFICATE OF BIRTH
GEORGIA DEPARTMENT OF PUBLIC HEALTH

State File No. 5740

1. Usual Residence of Mother
 County Brooks Militia Dist. No. 1198
 City or Town Bogart
 (If Outside City or Town Limits, Write Rural)
 House No. and St. or R.F.D. and Box _____
 Registrar's No. _____
 (a) State Georgia (b) County Oconee
 (c) City or Town Bogart
 (If Outside City or Town Limits, Write Rural)
 (d) _____
 Length of Mother's Stay Before Delivery: In Hosp. _____ In This Community _____
 Hour of Birth 11 A.M.

3. Name of Child Elizabeth Mc Leroy Rast Date of Birth July 18 1922
 Sex Female Twin or Triplet 6. Triplet Born 1st 2nd or 3rd _____ Full Term Pregnancy 7. If Not Give Months Gestation _____ Is Mother Married 8. To Father of This Child? yes

FATHER OF CHILD
 Name William J. Rast
 Color White Age at Time 11. of This Birth 23
 Birth Place Brooks Co. Ga.
 Occupation Farmer
 Industry or Business _____
 15. Social Security No. _____

MOTHER OF CHILD
 16. Name Willie Geneva Mc Leroy
 17. Color White Age at Time 18. of This Birth 19
 19. Birth Place of Mother Clark Co. Ga.
 20. Usual Occupation Housewife
 21. Industry or Business _____
 22. Social Security No. _____

9. This Child Born Alive? _____ Total No. of Children 24. Born to This Mother _____
 (a) Born Alive (a) Now Living 1 (b) Born Alive (b) Now Dead _____ (c) Born (c) Dead _____

10. Signature of Registrar J. H. King Date of Supplemental Report _____
 Date Filed Dec 10, 1924
 Applications of Preg. of Labor? No. _____ Yes. _____ Describe _____
 Was an Operative Delivery? No. _____ Yes. _____ Describe _____
 Was there a Birth Injury? No. _____ Yes. _____ Describe _____
 Fetal Deformity? No. _____ Yes. _____ Describe _____

27. I hereby certify that I attended the birth of this child who was born on the date stated above. The personal information as given on this certificate was furnished by _____ Relationship _____
 Was 1% Silver Nitrate Solution Used in This Child's Eyes? _____
 Has Mother of This Child Been Given Blood Test for Syphilis? _____ Date of Test _____
 If No Test, Give Reason _____
 Attendant's Own Signature J. R. McMichael M. D. Date Signed _____
 Attendant's P. O. Address Quitman, Ga.

Witnessed by Superior Court Order - Brooks
 signed by Judge George R. Wiley
 July 5, 1954 Case # 891
 CERTIFIED COPY Given name added from supplemental Report: Jan. 16, 1954 J. M. Lacy S.P.R.

I certify that the foregoing is a true and correct copy of a record on file in this office.
 (Signed) John D. Stillwell M.D.
 (Ordinary) (Health Officer)
 ADM-5.12