BUREAU OF VITAL STATISTICS

STATE OF GEORGIA
No. 12

County of Franklin

Militia District of Bryants Registration District No. 206 Registered No.

City of (No. St.)

2 FULL NAME Net Nauel

Residence. No. St.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Boy
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Single
If married, widowed, or divorced HUSBAND of / WIFE of
6 DATE OF BIRTH. (Mo., da., yr.)
7 AGE If less than 1 year state if breast fed: Yes No
If less than 1 day: 3 hrs. 15 mins.
8 OCCUPATION (a) Trade, profession or particular kind of work: None
(b) General nature of industry, business or establishment in which employed (or employer)
9 BIRTHPLACE (State or country): Lavonia Ga
10 NAME OF FATHER: Jone Smith
11 BIRTHPLACE OF FATHER (State or country): Ga
12 MAIDEN NAME OF MOTHER: Leonie Dove
13 BIRTHPLACE OF MOTHER (State or country): Ga
PARENTS

14 THE ABOVE IS TRUE
(Informant) Jone Smith
(Address) Lavonia Ga
15 Recorded 5/10 1926 Z. H. Wilson Registrar

MEDICAL PARTICULARS

16 DATE OF DEATH April 27-1928
17 I HEREBY CERTIFY, That I attended deceased from ... that I last saw h... alive on ... and that death occurred on the date stated above, at 1 15 P
The CAUSE OF DEATH was as follows:
Child Was very small and undeveloped and only lived 3 hours
CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.
18 Where was disease contracted?
Did an operation precede death? Date of
Was there an autopsy? What test confirmed diagnosis?
(Signed) J. R. Brown, M. D.
(Address) Lavonia Ga

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Daniels Branches
DATE: 4/27 1928
20 UNDERTAKER: Nelson & Thomas
ADDRESS: Lavonia Ga