

GEORGIA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD RECORD OF DEATH

PL. 12

1 Place of Death
County of Way

21578

Militia District of _____ Registration District No. 1231 Registered No. _____

City of Waycross (St.)

2 FULL NAME Infant George Parrish

Residence No. 6 Durand St. 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

MEDICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced, (write the word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH, (Mo. da. yr.) Aug 13 - 1921

7 AGE yrs. mos. ds. 0

If less than 2 years state if breast fed

If less than 1 day

Yes No hrs. mins.

8 OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ga.

10 NAME OF FATHER Geo. Parrish

11 BIRTHPLACE OF FATHER (State or country) Ga.

12 MAIDEN NAME OF MOTHER Beatrice Shoam

13 BIRTHPLACE OF MOTHER (State or country) Ga.

14 THE ABOVE IS TRUE (Informant) Geo. Parrish

(Address) Waycross

Recorded Aug 19 1921 J. P. Scully Registrar

16 DATE OF DEATH Aug 13 - 1921

17 I HEREBY CERTIFY that I attended deceased from 19....., 10....., 19.....

that I last saw h..... alive on..... 19.....

and that death occurred on the date stated above, at 9 1/2 P.M.
The CAUSE OF DEATH^s was as follows:

Still born -

(duration) yrs. mos. ds.

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) C. A. Whitener M. D.

19 (Address) Waycross

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE

Red Hill Cemetery 8/13 1921

20 UNDERTAKER ADDRESS

Parent Waycross