

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD
 N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important. See instructions on back of certificate.

1 PLACE OF DEATH
 County Franklin
 City or Village Franklin

2 FULL NAME
Stillborn

3 SEX
Male

4 COLOR OR RACE
White

5 DATE OF BIRTH
Feb 15 1923

6 AGE
1 day

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

8 BIRTHPLACE
 (State or country)
Franklin, Tenn

9 NAME OF FATHER
James Smith

10 MAIDEN NAME OF MOTHER
Anna Smith

11 BIRTHPLACE OF FATHER
Franklin, Tenn

12 BIRTHPLACE OF MOTHER
Franklin, Tenn

13 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 Signature W. S. Thomas
 Registrar

14 STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH
 Registration District No. 1
 Primary Registration District No. 1
 (No. 1)
 St.; Franklin Ward 1

15 MEDICAL CERTIFICATE OF DEATH
 I HEREBY CERTIFY that I attended deceased from 191, 191, 191, that I last saw Stillborn alive on Feb 15 1923 and that death occurred, on the date stated above, at Franklin, Tenn.
 The CAUSE OF DEATH was as follows:
Stillborn

16 CONTRIBUTORY CAUSE OF DEATH
 (Secondary)
 (Duration) yrs. mos. ds.
 Signed at the County Seat of Franklin on Feb 15 1923
 State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (a) MEANS OF INJURY, and (b) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

17 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At the place of death: yrs. mos. ds.
 In the State: yrs. mos. ds.

18 PLACE OF BURIAL OR REMOVAL
Franklin, Tenn

19 DATE OF BURIAL
Feb 15 1923

20 UNDERTAKER
W. S. Thomas
 ADDRESS Franklin, Tenn