

PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF NORTH CAROLINA  
BUREAU OF VITAL STATISTICS  
State Board of Health

FILE-NUMBER

34225

County of Y. I.Municipality of Rocky Mount

In Town of .....

City of .....

Registration District No. 4401Registered No. 56  
(For use of Local Registrar)

(No. .... St. .... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

If child is not yet named, make supplemental report as directed

(1) Full Name of Child .....

(2) SEX M <u>Y</u>	(3) TYPE or <u>X</u>	(4) NUMBER OF CHILD <u>X</u>	(5) AGE AT BIRTH <u>3 1/2</u>	(6) DATE OF BIRTH <u>Jan 20 1923</u>
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## FATHER.

(1) NAME BEFORE MARRIAGE William Edward Anderson(2) PRESENT RESIDENCE OF FATHER Rock Hill S.C.(3) COLOR OR RACE W.(4) AGE AT LAST BIRTHDAY 41(5) BIRTHPLACE Mackinburg O.(6) OCCUPATION Farmer(7) Number of children born to mother, including present birth 5

## MOTHER.

(1) NAME BEFORE MARRIAGE Jonie White(2) PRESENT RESIDENCE OF MOTHER R. H. P. D. I.(3) COLOR OR RACE W.(4) AGE AT LAST BIRTHDAY 30(5) BIRTHPLACE Yack.(6) OCCUPATION Dom.(7) Number of children of this mother and living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(1) I hereby certify that I attended the birth of this child, who was .....  
on the date above stated.(2) (Signature) Donald L. H. H.

(3) State whether Physician or Midwife

(4) Address of Physician or Midwife

Given name added from a supplemental report

(5) Witness (Signature of Witness necessary only when question 1 is signed by mother)

(6) Filed 9/13/23

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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