

Form No. 1

## (1) PLACE OF BIRTH

County of YadkinTownship of Glennor  
Inc. Town of .....

or

City of .....

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

(2) Full Name of Child Samuel Charles Smith3 BOY OR  
GIRL Boy(4) Twin  
or Triplet 1(5) Number in  
order of birth 1

To be answered only in event of Twin or Triplet

(6) Are  
Parents  
Married yes

(7) DATE OF

BIRTH

(Month of Month) (Day) (Year)

July 8, 1923

## FATHER.

9 FULL  
NAMEDavid Smith10 PRESENT  
POSTOFFICE  
OF FATHERPauline N.C.(10) COLOR  
OR  
RACE W(11) AGE AT LAST  
BIRTHDAY 23

(Year)

12 BIRTHPLACE

N.C.

13 OCCUPATION

Farmer20 Number of children born to  
mother, including present birth1 2

## MOTHER.

(14) NAME BEFORE  
MARRIAGELula May Nash(15) PRESENT  
POSTOFFICE  
OF MOTHERPauline N.C.(16) COLOR  
OR  
RACE W(17) AGE AT LAST  
BIRTHDAY 17

(Year)

(18) BIRTHPLACE

N.C.

(19) OCCUPATION

Homemaker(21) Number of children of this mother  
now living, including present birth1 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive 4.0 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary A. Smith

(24) State whether Physician or Midwife

(25) Address of Physic. or Midwife

Pauline N.C.Given name added from a supplement-  
tal report(26) Witness J. C. White(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed July 20, 1923(28) Mrs. J. A. Smith

(29) Local Registrar

\*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.