

(1) PLACE OF BIRTH

County of Lenoir
Township of Plate Spring
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF NORTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. For State Registrar Only
1190

Registration District No. 2100 Registered No. 5

(2) Full Name of Child

(a) Sex Male (b) Date of Birth May 12 (c) Time of Birth
To be answered only in event of Twin or Triplets

FATHER

(1) Full Name Lincoln Craft

(2) Present Residence Chapel Hill

(3) Color White (4) Age at Last Birthday 40

(5) Birthplace NC

(6) Occupation Farmer

(7) Number of children born to father, including present birth 6

(d) If child is stillborn, make supplemental report as directed

(e) Name of Mother (Day) (Month) (Year)

MOTHER

(1) Name before marriage Rebecca D. Craft

(2) Present Residence Chapel Hill

(3) Color White (4) Age at Last Birthday 33

(5) Birthplace NC

(6) Occupation Housewife

(7) Number of children of this mother and living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(24) Signature of Physician or Midwife O. R. Tamm (25) Village or Place of Physician or Midwife Chapel Hill

Signature of Witness, necessary only when question 23 is signed by mark

(26) Signature of Local Registrar H. C. Gantt

(27) If child is stillborn, should make the return. If desired of stillbirths

When child is stillborn, report is desired of stillbirths