

(1) PLACE OF BIRTH
County of Alameda
Township of Highland
or
City of San Francisco
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
State of North Carolina
Bureau of Vital Statistics
State Board of Health

Registration District No. 4501

Registered No. 12
(For use of Local Registrar)

(2) Full Name of Child Martina J. Baranau (If child is not yet named, name here)

(a) SEX <u>Female</u>	(b) AGE <u>4 years</u>	(c) NUMBER OF CHILDREN <u>1</u>	(d) SEX <u>Female</u>	(e) AGE <u>23</u>
FATHER (1) NAME <u>Sam. Baranau</u> (2) RESIDENCE <u>Greenville</u> (3) COLOR <u>White</u> (4) AGE AT LAST BIRTHDAY <u>43</u> (5) BIRTHPLACE <u>So Ca</u> (6) OCCUPATION <u>Mill Hand</u>			MOTHER (1) NAME <u>Rena Baranau</u> (2) RESIDENCE <u>Greenville S.C.</u> (3) COLOR <u>White</u> (4) AGE AT LAST BIRTHDAY <u>23</u> (5) BIRTHPLACE <u>So Ca</u> (6) OCCUPATION <u>Housewife</u>	
(7) Number of children born to mother, including present child <u>4</u>			(8) Number of children of this mother now living, including present child <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 A.M. on the date above stated.
(23) (Signature) Irish Kish
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 25 is signed by nurse)
(27) Date Feb 8 23 (28) J. H. Blackwell

When there was no attending physician or midwife, then the father, mother, or other person, if a child breathes even once, it must not be reported as dead until it has been examined by a physician or midwife before the birth record is made.