

Form No. 1

CERTIFICATE OF BIRTH

STATE OF NORTH CAROLINA

Department of Public Health

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of

STATE OF NORTH CAROLINA

Township of

Village or Urban District

or

Inc. Town of

State Board of Health

Registration District No.

City of

No.

(If birth occurs in a hospital or other institution, give name of same)

(2) Full Name of Child

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Age

(7) Date of Birth

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth

(15) NAME OF MOTHER

(16) PRESENT POSTOFFICE OF MOTHER

(17) COLOR OR RACE

(18) AGE AT LAST BIRTHDAY

(19) BIRTHPLACE

(20) OCCUPATION

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary when question 23 is signed by parent)

(27) Filed July 5, 1916

(28)

When there was no attending physician or midwife, then the father, householder, etc., should report the birth of a child whenever even once, it must not be reported as stillborn. No report is desired at subsequent births after the fifth month of pregnancy.

MAKING RESERVATION FOR BIRTHING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. R.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

City of Columbia