

14572

(If birth occurs in a hospital or

Registration District No. 1308 Registered No. 13
(For use of Local Registrar)

(No. St.; Ward)
Institution, give name of same instead of street and number.)

(2) Full Name of Child Isabel Mack If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *girl* (4) Twin or Triplet? *-* (5) Number in order of birth *-* (6) Are Parents Married? *no* (7) DATE OF BIRTH *May 11, 22*
(Name of Month) (Day) (Year)

FATHER.

81 FULL NAME Rod Mack

PRESENT POSTOFFICE OF FATHER *Chalmers R-3*

(10) COLOR OR RACE *Col -* (11) AGE AT LAST BIRTHDAY *30* (Year)

12) BIRTHPLACE

13 OCCUPATION Blackberry farmer

20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Lisae Washington

(15) PRESENT POSTOFFICE OF MOTHER 00
Washburn Ave R-3

(16) COLOR OR RACE *Col -* (17) AGE AT LAST BIRTHDAY *23*
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Ellerbe
(24) State whether Physician or Midwife ☒ Physician ☐ Midwife (25) Address of Physician or Midwife _____

(24) State Institute	Washington
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Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only
when question 22 is signed by mark)

when question 23 is signed by *[Signature]*
 Date 31-22 (2001)

(24) Filed 1/11/19 G.S. 13-28 (25) Local Registrar.
 and wife than the father householder, etc. should make this return.

*When there was no attending physician
If a child breathes even once, it m

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.