Form No. 1

(1) PLACE OF BIRTH

County of [illegible]

Township of [illegible]

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

Registration Number [illegible] Registered No. [illegible]

(Yes or No) (Ward)

(2) Full Name of Child

(4) Date of Present

(5) Number in order of birth

(6) Sex

Male

Date of Birth: [illegible] 1923
(Year)

FATHER

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at the place and time above stated.

(24) (Signature) [illegible]

(25) Address of Physician or Midwife

[illegible], N.C.

(26) Witness (necessary only when question 23 is signed by mark)

(28) [illegible]

Registrar.

[illegible] return report to [illegible]