

(1) PLACE OF BIRTH

County of FlamoraTownship of Matthiasor
Inc. Townor
City of Scranton, Pa.

(If birth occurs in a hospital or other institution, give name of institution, street and number.)

CERTIFICATE OF BIRTH

STATE OF NORTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Register Only

55873

Registered No. 38

(2) Full Name of Child Gra. A. M. Shady(3) SEX
GIRL?(4) ~~DATE~~(5) Number in
order of birth

To be reported only in case of twins or triplets

(6) FATHER'S
NAME(7) FATHER'S
NAME

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(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(33) (Signature)

(34) State whether Physician or Midwife (35) Address of Physician or Midwife

Given name added from a supplement-
tal report(36) Witness (Signature of Witness necessary only
when question 33 is signed by mark)(37) Filed 7/12/16 (38) A. Shelly Local Registrar

*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.

WRITTEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. B.—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 5.
State of Columbia