

(1) PLACE OF BIRTH

County of *Northville*
Township of *Northville*
or
Inc. Town of.....
or
(City of.....)

Charlotte NC
CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—for State Registrar Only
3577

Registration District No. *1502* Registered No. *11*
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL *Girl*

(4) Twin or Triplet *Single*

(5) Number in order of birth *4*

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

Feb 11 1928

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth *4*

FATHER.

(11) AGE AT LAST BIRTHDAY *37*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Boys* at *7:40 P.M.* on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) *Annie Lee Midwife*

(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 only when question 23 is signed by mark)

(27) Date *Mar 8 23*

(28) 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.