

MARGIN RESERVED FOR ENDORSEMENTS.
 WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD.
 N. 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.

(1) PLACE OF BIRTH

County of Wayne
 Township of Watauga
 OR
 Inc. Town of
 OF
 City of

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

File No.—For State Registrar Only
46731

Registration District No. 4907 Registered No. 10
 (For use of Local Registrar)

(2) Full Name of Child

Corn

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? Y (5) Number in order of birth 2 (6) Are Parents Married? No (7) DATE OF BIRTH Jan 18 1911
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(To be answered only in case of Twins or Triplets)
(Name of Month, Day, Year)

FATHER
 (8) FULL NAME Wm Corn
 (9) PRESENT POSTOFFICE OF FATHER Watauga, N.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28
(Years)
 (12) BIRTHPLACE Sumner Co, N.C.
 (13) OCCUPATION Iron hand
 (20) Number of children born to mother, including present birth 2

MOTHER
 (14) NAME BEFORE MARRIAGE Janie Cook
 (15) PRESENT POSTOFFICE OF MOTHER Watauga, N.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20
(Years)
 (18) BIRTHPLACE Newberry, N.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Watauga, N.C. on the date above stated.
 (23) 1 1/2 (Hour A. M. or P. M.)
 (24) See death entry (Signature)
 (25) Watauga, N.C. Address of Physician or Midwife

Name added from a supplemental report
 _____, 191____
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb 9 1911 (28) F. D. B. [Signature] 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.

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