

(1) PLACE OF BIRTH

County of ...

Township of ...

or  
Eco. Town of ...

or  
City of ...

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

(2) Full Name of Child

(3) SEX OF CHILD

(4) DATE OF BIRTH

(5) TIME OF BIRTH

(6) FULL NAME OF FATHER

(7) PRESENT RESIDENCE OF FATHER

(8) COLOR OF CHILD

(9) RACE OF CHILD

(10) BIRTHPLACE OF CHILD

(11) OCCUPATION OF CHILD

(12) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH

(13) DATE OF BIRTH

(14) TIME OF BIRTH

(15) FULL NAME OF MOTHER

(16) PRESENT RESIDENCE OF MOTHER

(17) COLOR OF MOTHER

(18) RACE OF MOTHER

(19) BIRTHPLACE OF MOTHER

(20) OCCUPATION OF MOTHER

(21) NUMBER OF CHILDREN OF THIS MOTHER NOW ALIVE, INCLUDING PRESENT BIRTH

(22) DATE OF BIRTH

(23) TIME OF BIRTH

(24) FULL NAME OF PHYSICIAN OR MIDWIFE

(25) PRESENT RESIDENCE OF PHYSICIAN OR MIDWIFE

(26) COLOR OF PHYSICIAN OR MIDWIFE

(27) RACE OF PHYSICIAN OR MIDWIFE

(28) BIRTHPLACE OF PHYSICIAN OR MIDWIFE

(29) OCCUPATION OF PHYSICIAN OR MIDWIFE

(30) NUMBER OF CHILDREN OF THIS PHYSICIAN OR MIDWIFE NOW ALIVE, INCLUDING PRESENT BIRTH

(31) DATE OF BIRTH

(32) TIME OF BIRTH

(33) FULL NAME OF PHYSICIAN OR MIDWIFE

(34) PRESENT RESIDENCE OF PHYSICIAN OR MIDWIFE

(35) COLOR OF PHYSICIAN OR MIDWIFE

(36) RACE OF PHYSICIAN OR MIDWIFE

# CERTIFICATE OF BIRTH

STATE OF NORTH CAROLINA

Board of Vital Statistics

State Board of Health

Registration District No. 3605

FILE NO. 20020

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