

(1) PLACE OF BIRTH

County of Alameda
Township of Northland
In Town of.....
City of.....

CERTIFICATE OF BIRTH

State of North Carolina
Bureau of Vital Statistics
State Board of Health

REGISTRATION NO. 2781

Registration District No. 14 Registered No. 14
(For use of Local Registrar)

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

(2) Full Name of Child Thorn Milledge

Sex girl Age 2 months Date of Birth Feb 23 1923

FATHER		MOTHER	
NAME	<u>London Milledge</u>	NAME	<u>Minnie Graham</u>
STREET	<u>Alameda St.</u>	STREET	<u>Alameda St.</u>
COLOR	<u>colored</u>	COLOR	<u>colored</u>
RESIDENCE	<u>Willie Best Truck S.C.</u>	RESIDENCE	<u>The Grayer Truck S.C.</u>
OCCUPATION	<u>Farmer</u>	OCCUPATION	<u>Farmer's Wife</u>
Number of children born to mother, including present one	<u>19 nine</u>	Number of children of this mother	<u>19 nine</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(120) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(121) Signature John A. Dikens
(122) Address of Physician or Midwife Alameda St.

Given under my hand and seal of office this 23rd day of February 1923 at Alameda, North Carolina.

LOCAL REGISTRAR