

(1) PLACE OF BIRTH

County of Flournoe

Township of

or
Inc. Town ofor
City of Charlotte, N.C.

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

(2) Full Name of Child William Carver Jones

File No.—For State Registrar Only

42450

Registration District No. 2012 Registered No. 122
(For use of Local Registrar)(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 24, 27
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James L. Jones(9) PRESENT POSTOFFICE OF FATHER Charlotte, N.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34
(Years)(12) BIRTHPLACE Flournoe Co.(13) OCCUPATION Cotton Seed Buyer(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie M. Smith(15) PRESENT POSTOFFICE OF MOTHER Charlotte, N.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36
(Years)(18) BIRTHPLACE Flournoe Co.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 9:00 A.M.,
on the date above stated. (born alive or stillborn) (hour M. or P. M.)(23) (Signature) W. H. Jones (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Charlotte, N.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) 1/24 (28) 23 Local Registrar C. S. Redden

*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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