

CERTIFICATE OF BIRTH

State of North Carolina
State Board of Health

County of Gaston

Town of

Registration District No. 4000

Registration No. 2
(For Use of Local Registrar)

City of (No.) (If birth occurs in a hospital or other institution, give name of same instead of street and number)

(1) Full Name of Child Frank Asmus Ray

If child is not yet named, make name of child known to the Registrar

(2) Sex of Child

(3) Date of Birth

(4) Number in order of birth 2

(5) Is child living? yes

(6) Date of Birth Nov. 17, 1923

FATHER.

(7) Name of Father Marshall Ray

(8) Present Residence of Father Gastonia, N.C.

(9) Color of Father negro (10) Age at last birthday 21

(11) Birthplace of Father North Carolina

(12) Occupation of Father Farmer

MOTHER.

(13) Name of Mother Mac Lott's Miller

(14) Present Residence of Mother Gastonia, N.C.

(15) Color of Mother negro (16) Age at last birthday 23

(17) Birthplace of Mother North Carolina

(18) Occupation of Mother Housekeeper

(19) Number of children born to mother, including present birth two

(20) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(22) (Signature) S. L. Miller (23) Address of Physician or Midwife Gastonia, N.C.

Give name added from a supplemental report

(24) Witness (signature of witness necessary only when question 21 is signed by nurse)

(25) Date Nov. 30, 1923 (26) Registrar M. L. Parker

When there was no attending physician or midwife, then the father, householder, etc., should make a report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.