

## PLACE OF BIRTH

County of LehighTownship of Mountain

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF NORTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For the Registrar Only

48491

Registration District No. 1004Registered No. 8

After use of Local Registrar

(2) Full Name of Child John Leroy Opulshen

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Sex Parents Married? Yes (7) DATE OF BIRTH Feb 28 (8) (Name of Month) (Day) (Year)

## FATHER

(9) FULL NAME Robert Lee Opulshen(10) PRESENT POSTOFFICE OF FATHER Lehigh RFD #1(11) COLOR OR RACE white (12) AGE AT LAST BIRTHDAY 31 (Years)(13) BIRTHPLACE IL(14) OCCUPATION Farmer(15) Number of children born to mother, including present birth 3

## MOTHER

(16) NAME BEFORE MARRIAGE Lina Diller(17) PRESENT POSTOFFICE OF MOTHER Lehigh RFD #1(18) COLOR OR RACE white (19) AGE AT LAST BIRTHDAY 28 (Years)(20) BIRTHPLACE IL(21) OCCUPATION House/keeping(22) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alt (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(24) (Signature) L. J. ... (25) (Signature) L. J. ...

(26) State Whether Physician or Midwife (27) Address of Physician or Midwife

Physician Lehigh RFD #1

(28) Given name added from a supplemental report

(29) Witness (Signature of Witness necessary only when question 28 is signed by mark)

(30) Filed (31) 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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