

(1) PLACE OF BIRTH
County of Cherokee
Township of Lincolnton

CERTIFICATE OF BIRTH
State of NORTH CAROLINA
Bureau of Vital Statistics
State Board of Health

FILE - For State Registrar
615

Inc. Town of Asheboro
City of Asheboro

Registration District No. 10A Registered No. 4
(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 Anna Light Brown (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Girl</u>	(4) Type of Child <u>1</u> To be reported only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Age of Child <u>2</u>	(7) DATE OF BIRTH <u>Aug 2, 1923</u> (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Stephen Brown</u>	(14) NAME BEFORE MARRIAGE <u>Joyce Brown</u>	(9) PRESENT POST OFFICE OF FATHER <u>Asheboro</u>	(15) PRESENT POST OFFICE OF MOTHER <u>Asheboro</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>13</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>13</u> (Year)
(12) BIRTHPLACE <u>Cherokee County, N.C.</u>	(18) BIRTHPLACE <u>Cherokee County, N.C.</u>	(13) OCCUPATION <u>Drayman</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Anna at 2 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. Brown
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife
Asheboro

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb. 10, 1923 (28) W. F. Smith
Registrar Local 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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