

PLACE OF BIRTH

County of AsheboroMunicipality of Asheboro

or Town of

or

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

Full Name of Child

CERTIFICATE OF BIRTH

STATE OF NORTH CAROLINA

BUREAU OF VITAL STATISTICS

Department of Health

Registration District No. 486

File No. - For State Registrar Only

19116

Registered No. 83
(For use of Local Registrar)

(No. St.; Ward)

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

SEX OF CHILD

4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

June 27, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Oliver

(9) PRESENT POSTOFFICE OF FATHER

Summit

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

52
(Years)

(12) BIRTHPLACE

sb

MOTHER.

(13) NAME BEFORE MARRIAGE

Lillie Young

(14) PRESENT POSTOFFICE OF MOTHER

Summit

(15) COLOR OR RACE

White

(16) AGE AT LAST BIRTHDAY

29
(Years)

(17) BIRTHPLACE

sb

(18) OCCUPATION

Farmer

(19) OCCUPATION

Housewife

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

4

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 a.m. on the date above stated. born alive or stillborn (M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplemental report

(26) Witness

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

(27) Filed

June 30, 1923 (28) Ed Capers 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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