

(1) PLACE OF BIRTH

County of Charlotte  
Township of Charlotte  
or  
Inc. Town of.....

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

13102

Registration District No. 2 Registered No. 658  
(For use of Local Registrar)

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

(2) Full Name of Child Charles Robert (If child is not yet named, make supplemental report as soon as named)

(3) SEX OR MALE (4) Type 1 (5) Number in 1 (6) Age 10 (7) Date of Nov 11 1912  
or 17 Is born at birth of Type or Type

FATHER.		MOTHER.	
(8) FULL NAME <u>Alvin Robert</u>	(14) NAME BEFORE MARRIAGE <u>Mothers Clark</u>	(9) FULL NAME <u>Charles R.C.</u>	(15) NAME BEFORE MARRIAGE <u>Lilla Clark</u>
(10) COLOR <u>Negro</u>	(16) COLOR <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>2</u>	(17) AGE AT LAST BIRTHDAY <u>16</u>
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Labour</u>	(19) OCCUPATION <u>Labour</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 Alive at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) L. J. ...  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplementary report  
(26) Witness James White  
(27) Filed Nov 11 1912 (28) James White  
(Signature of Witness necessary only when question 22 is signed by mark)

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