

FORM NO. 2.

(1) PLACE OF BIRTH

County of GreenefieldTownship of Reebeeor
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF NORTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

48617

Registration District No. 1207 Registered No. 10

(For use of Local Registrar)

(2) Full Name of Child Rebecca Boyd { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>4</u> <small>To be answered only in case of Twin or Triplet</small>	(5) Number in order of birth <u>✓</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 12</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Frank Boyd(9) PRESENT POSTOFFICE OF FATHER Cash(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Virginia(13) OCCUPATION Lumber mill(14) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Pliny Short(15) PRESENT POSTOFFICE OF MOTHER Cash(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Cash(19) OCCUPATION House work(20) Number of children of this mother now living, including present birth { 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Greenefield on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. A. Singleton

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Cash

Given name added from a supplemental report

(26) Witness Mrs. D. C. Matheson (Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Feb 24 1916 (28) Dr. Singleton Local Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

M. R.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

*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.