

(1) PLACE OF BIRTH

County of Rowan

Township of

or
In Town ofCity of Rowan(No. See Inf. 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 Elizabeth Megg Chummon If child is not yet named, make supplemental report as directed

3 SEX OR GIRL <u>girl</u>	4 Twin or Triplet? To be answered only in event of Twins or Triplets	5 Number in order of birth	6 Are Parents Married? <u>yes</u>	7 DATE OF BIRTH <u>June 22, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

8 FULL NAME BEFORE MARRIAGE James Chummon

9 PRESENT POSTOFFICE OF FATHER Rowan Co

10 COLOR OR RACE w (11) AGE AT LAST BIRTHDAY 22 (Years)

12 BIRTHPLACE Wilmington N.C.

13 OCCUPATION Insurance

14 Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Rogers Megg

(15) PRESENT POSTOFFICE OF MOTHER Same

(16) COLOR OR RACE w (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Rowan Co N.C.

(19) OCCUPATION Domestic

(21) 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 alive at 4:45 P.M. on the date above stated. (Born alive or stillborn * Hour * M. or P. M.)

(23) (Signature) J. K. Rhodes

(24) State whether Physician or Midwife Phys.

(25) Address of Physician or Midwife Rowan Co

Given name added from a supplemental report

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

(27) Filed July 5, 1922 (28) E. G. Craft M.D. Local Registrar.

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Registrar

Registrar I

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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