

Form No. 1.

(1) PLACE OF BIRTH

County of *Cherokee*

Township of *North*

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

OFFICE OF SOUVENIR RECORDS

Department of Health

State Board of Health

File No. *48591*

(2) Full Name of Child

(3) BOY OR GIRL *Boy*

(4) Twin or triplet?

(5) Month in order of birth

(6) Age in months

(7) Date of birth

(8) FULL NAME *Jefferson Davis Lundy*

(9) PRESENT POSTOFFICE OF FATHER *Cherokee, N.C.*

(10) COLOR OR RACE *White* (11) AGE AT BIRTH *29* (12) BIRTHPLACE *Cherokee, N.C.*

(13) OCCUPATION *Farmer*

(14) Number of children born to mother, including present birth *4*

(15) NAME OF MOTHER *Fannie Adams*

(16) PRESENT POSTOFFICE OF MOTHER *Cherokee, N.C.*

(17) COLOR OR RACE *White* (18) AGE AT BIRTH *36* (19) BIRTHPLACE *Cherokee, N.C.*

(20) OCCUPATION *Housewife*

(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* on the date above stated.

(23) (Signature) *Physician*

(24) State whether Physician or Midwife (25) Name of Hospital or Institution *Cherokee, N.C.*

(26) Address of child's home at registration

(27) Address (Signature of Witness necessary only when question 22 is signed by mother) *July 6, 1916* (28) *J. E. Muller*

When these rules are amended, physicians or midwives, then the father, householder, etc. should make the report of a child's birth as soon as possible, but not later than the first month of pregnancy.

MAKING RECORDS OF BIRTHS IS A PERMANENT RECORD. IN THE NEW SYSTEMS OF RECORDS, A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE FIRST-NAME, No. 1. THEN OTHER, No. 2, etc., in question 2.