

(1) PLACE OF BIRTH

County Anderson

CERTIFICATE OF BIRTH

State of NORTH CAROLINA

Bureau of Vital Statistics

After Report of Health

30948 X

Township of Randolph

Inc. Town of.....

Registration District No. 302Registered No. 80
(For use of Local Registrar)

City of.....

(No. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child J. C. Ament

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

(a) SEX OF CHILD <u>Boy</u>	(b) Type of Birth <u>Normal</u>	(c) Number of Children of this Mother <u>2</u>	(d) Age of Mother <u>23</u>	(e) DATE OF BIRTH <u>Oct 6 1923</u>
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FATHER.

(1) NAME Ransom Ament(2) PRESENT RESIDENCE OF FATHER Eastly St H3(3) COLOR negro (4) AGE AT LAST BIRTHDAY 21(5) BIRTHPLACE Anderson W C(6) OCCUPATION Farmer(7) Number of children born to mother, including present live 2

MOTHER.

(1) NAME BEFORE Marye Long(2) PRESENT RESIDENCE OF MOTHER Eastly St H3(3) COLOR negro (4) AGE AT LAST BIRTHDAY 20(5) BIRTHPLACE Anderson W C(6) OCCUPATION Farmer(7) Number of children of this mother now living, including present live 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (Born A. M. or P. M.)(29) (Signature) Hannah Babb(30) State whether Physician or Midwife Midwife(31) Address of Physician or Midwife near High St.

Given name added from a supplemental report

(32) Witness (Signature of Witness necessary only when question 28 is signed by mark)

(33) Filed Oct 10 1923 (34) J. R. Ament 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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