

FORM NO. 1
MADE IN RESERVATION FOR BINDING
WHICH PLAINLY, WITH THE USE OF THE INK—THIS IS A PERMANENT RECORD.
N. B.—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 4.

(1) PLACE OF BIRTH Cherokee
County of Cherokee
Township of Cherokee
or
Inc. Town of
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
3408

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

2) Full Name of Child Raf. J. J. J. If child is not yet named, make supplemental report as directed

(3) BORN AS Single (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? No (7) DATE OF BIRTH Feb. 13 23
(Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Willie Gudmark (14) NAME BEFORE MARRIAGE Burham Hall
(9) PRESENT POSTOFFICE OF FATHER Mc Bee AC (15) PRESENT POSTOFFICE OF MOTHER Mc Bee AC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20
(Years) (Years)

(12) BIRTHPLACE AC (18) BIRTHPLACE AC
(13) OCCUPATION Farmer (19) OCCUPATION Housework

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) W. H. H. H.
(24) State whether Physician or Midwife. (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by clerk)
167323 (27) Date 167323 (28) 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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