

(1) PLACE OF BIRTH

County of WakeTownship of WakeInc. Town of Wake

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4390

Registration District No. 2913Registered No. #9
(For use of Local Registrar)(City of Wake (No. 1 Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child

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

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? No
(5) Number in order of birth 1
Is to be entered only in case of twins or triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH 1913
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE

(10) COLOR OR RACE White

(11) BIRTHPLACE

(12) OCCUPATION

(13) Number of children born to mother, including present birth

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE White

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

(17) AGE AT LAST BIRTHDAY 1
(Years)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

Witnes Me. 8. 1913 (27) J. L. H. Bailey Local Registrar.

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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