

PLACE OF BIRTH

County of York
 Township of York
 In the Town of York
 City of

DEPARTMENT OF HEALTH
 BUREAU OF PUBLIC HEALTH
 State Board of Health

34201

Registration District No. 44-aRegistered No. 48
(For use of Local Registrar)

(1) Full Name of Child John Earle Kiss (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Sex of Child Boy (3) Age of Child 7/10 (4) Date of Birth Sept 14 1923
 (5) Name of Mother Lila Jeanette Adams
 (6) Name of Father John Franklyn Kiss

(7) Name of Mother Lila Jeanette Adams
 (8) Name of Father John Franklyn Kiss
 (9) Color of Child White (10) Age at Last Birthday 30
 (11) Birthplace York Co. N.C.
 (12) Occupation Mill Operator

(13) Name of Mother Lila Jeanette Adams
 (14) Name of Father John Franklyn Kiss
 (15) Color of Child White (16) Age at Last Birthday 22
 (17) Birthplace York Co. N.C.
 (18) Occupation Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 12:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) J. S. Indwell
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife York N.C.

Give name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (26) Filed Nov 10 19 23 (27) Russell Burton 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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