

(1) PLACE OF BIRTH

County of *Cherokee*Township of *Daytonville*In Town of *Rt 5*City of *Rt 5*

CERTIFICATE OF BIRTH

STATE OF NORTH CAROLINA

Bureau of Vital Statistics

State Board of Health

DATE - WHEN BORN

0878

Registration District No. *1001*Registered No. *12*
(For use of Local Registrar)(No. *12* Ward)

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

(2) Full Name of Child *(Ludby)*

(If child is not yet named, make name of child in brackets)

(3) SEX *Male* (4) Age *1* (5) Date of Birth *Feb 24 1923*
(6) Place of Birth *Cherokee Co. N.C.*

FATHER

(8) Full Name *Lenon Davenport*(9) Present Residence of Father *Goffney, N.C.*(10) Color *White* (11) Age at Last Birthday *20*(12) Birthplace *Cherokee Co. N.C.*(13) Occupation *Farmer*(14) Number of children born to mother *4*

MOTHER

(16) Full Name *Lillie Hef*(17) Present Residence of Mother *Same*(18) Color *White* (19) Age at Last Birthday *24*(20) Birthplace *Same*(21) Occupation *Domestic*(22) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was *born* at *5:11 A.M.* on the date above stated. (Signature) *Nashley*(24) Signature of Physician or Midwife *Goffney, N.C.*(25) Signature of Physician or Midwife *Goffney, N.C.*(26) Signature of Physician or Midwife *Goffney, N.C.*(27) Signature of Physician or Midwife *Goffney, N.C.*(28) Signature of Physician or Midwife *Goffney, N.C.*(29) Signature of Physician or Midwife *Goffney, N.C.*(30) Signature of Physician or Midwife *Goffney, N.C.*