

## (1) PLACE OF BIRTH

County of CharlotteTownship of RockinghamInc. Town of ConoverCity of Conover

(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

Registration District No. 1403Registered No. 38  
(For use of Local Registrar)(No. 38; Ward)

## (2) Full Name of Child

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

(a) SEX OF CHILD Male (b) TYPE OF BIRTH Single (c) NUMBER OF CHILD 4 (d) DATE OF BIRTH Feb. 10, 1923 (e) TIME OF BIRTH 10:30 (f) PLACE OF BIRTH Conover, N.C.

(8) NAME OF FATHER Gill Norman  
 (9) PRESENT ADDRESS OF FATHER Gaffney S.C.  
 (10) COLOR OF FATHER White (11) AGE AT LAST BIRTHDAY 33  
 (12) OCCUPATION OF FATHER Farmer

(13) NAME OF MOTHER Bessie Randall  
 (14) PRESENT ADDRESS OF MOTHER Gaffney S.C.  
 (15) COLOR OF MOTHER White (16) AGE AT LAST BIRTHDAY 33  
 (17) OCCUPATION OF MOTHER Domestic

(18) Number of children born to mother, including present birth 4 (19) Number of children of the mother, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn.) (Hour 8:10 P. M. of Feb. 10)

(21) (Signature)

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

(24) Witness J. M. Smith  
(Signature of witness necessary only when question 23 is signed by mark)(25) Date May 14, 1923(26) H. H. Smith  
Local Registrar

When this form is completed by a physician or midwife, then the father, householder, etc., should make this return. If a child, otherwise such case, it may not be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.