

Form No. 8

## (1) PLACE OF BIRTH

County of \_\_\_\_\_

Township of \_\_\_\_\_

or  
Inc. Town of \_\_\_\_\_or  
(City of \_\_\_\_\_)

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

(2) Full Name of Child *Mary Elizabeth Rapp*(No. *155* Jarley \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

(3) BOY OR GIRL? *Girl*(4) Twin or Triplet? *No*(5) Number in order of birth *1*(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *2 1923*

(Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER *R. David Rapp*(9) PRESENT POSTOFFICE OF FATHER *City*(10) COLOR OR RACE *W*(11) AGE AT LAST BIRTHDAY *33*

(Years)

(12) BIRTHPLACE *N.C.*(13) OCCUPATION *Carpenter*(14) NAME BEFORE MARRIAGE *Mary Elizabeth Thompson*(15) PRESENT POSTOFFICE OF MOTHER *City*(16) COLOR OR RACE *W*(17) AGE AT LAST BIRTHDAY *34*

(Years)

(18) BIRTHPLACE *N.C.*(19) OCCUPATION *Housewife*(20) Number of children born to mother, including present birth *2*(21) Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) *L. A. Rapp M.D.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

*L. A. Rapp M.D.*  
*10/30/44*

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *12-31-23**Jas Coker*

\*When there was no attending physician or midwife, then the father, brother-in-law, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired for mouth of pregnancy.