

(1) PLACE OF BIRTH

County of Wayne
Township of Lake
City of _____

CERTIFICATE OF BIRTH

STATE OF NORTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 2-75

File No. — For State Registrar Only

3-8

Registered No. 2
For use of local Registrar

Ward _____

(2) Full Name of Child with Surname Dennis
DATE OF BIRTH Feb. 9, 1902
Name (Month) (Day) (Year)

1. Sex of Child Girl
2. Date of Birth Feb. 9, 1902
3. Number of Child of Mother 3
4. Name of Father Mr. Cox Dennis
5. Name of Mother Ms. Cox Dennis
6. Present Residence Sevanton
7. Color White
8. Race White
9. Birthplace Sevanton, S. C.
10. Occupation Farmer
11. Number of children of this mother now living (including present birth) 3

PATHEON.

12. Name of Father Mr. Cox Dennis
13. Present Residence Sevanton
14. Color White
15. Race White
16. Birthplace Sevanton, S. C.
17. Occupation Domestic
18. Number of children of this mother now living (including present birth) 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(3) I hereby certify that I attended the birth of this child, who was born alive on Feb. 9, 1902 at Sevanton, S. C.

(4) Signature of Physician or Midwife W. A. Lynch M.D.
(5) Address of Physician or Midwife Lake City, S. C.

When made under oath of office or commission

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

Witness W. A. Lynch 23 Sevanton

When made under oath of office or commission

Signature of Registrar W. A. Lynch
When made under oath of office or commission