

County of Cherokee
Municipality of Asheville
Reg. Dist. of Asheville
Registration District No. 10001

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

(1) Full Name of Child Samuel J. Joffe

Sex Boy Date of Birth July 16, 1919
Place of Birth Asheville, N.C.

FATHER		MOTHER	
(1) Full Name	<u>Samuel Joffe</u>	(1) Full Name	<u>Chloe Littlejohn</u>
(2) Date of Birth	<u>July 19, 1919</u>	(2) Date of Birth	<u>June 1, 1919</u>
(3) Place of Birth	<u>Asheville, N.C.</u>	(3) Place of Birth	<u>Asheville, N.C.</u>
(4) Occupation	<u>Farmer</u>	(4) Occupation	<u>Domestic</u>
(5) Number of Children Ever Born	<u>1</u>	(5) Number of Children Ever Born	<u>1</u>

I hereby certify that I attended the birth of this child on the date above stated.

Signature of Registrar [Signature]
Date July 16, 1919
Signature of Parent [Signature]
Date July 16, 1919
Signature of Parent [Signature]
Date July 16, 1919