

Form No. 1

(1) PLACE OF BIRTH

County of Jefferson

Township of North

City of North

City of North

(2) Full Name of Child Wilbur D. Dutton

CERTIFICATE OF BIRTH

State of North Carolina
County of Jefferson
City of North

Registration Number 1000

Registration No. 1000

(For use of local health officer)

(1) SEX OF FATHER <u>Male</u>	(2) AGE OF FATHER <u>30</u>	(3) MARRIED <u>Yes</u>	(4) OCCUPATION <u>Farmer</u>	(5) SEX OF MOTHER <u>Female</u>	(6) AGE OF MOTHER <u>25</u>	(7) MARRIED <u>Yes</u>	(8) OCCUPATION <u>Housewife</u>
FATHER <u>Samuel Dutton</u>				MOTHER <u>Emma Dutton</u>			
CHILD'S NAME <u>Wilbur D. Dutton</u>				CHILD'S NAME <u>Emma Dutton</u>			
(9) COLOR <u>White</u>	(10) AGE AT LAST BIRTH <u>2</u>	(11) COLOR <u>White</u>	(12) AGE AT LAST BIRTH <u>2</u>	(13) COLOR <u>White</u>	(14) AGE AT LAST BIRTH <u>2</u>	(15) COLOR <u>White</u>	(16) AGE AT LAST BIRTH <u>2</u>
BIRTHPLACE <u>North Carolina</u>				BIRTHPLACE <u>North Carolina</u>			
OCCUPATION <u>Farmer</u>				OCCUPATION <u>Housewife</u>			
(17) Number of children born to mother, including present one <u>4</u>				(18) Number of children of this mother now living, including present one <u>1</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(19) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(20) (Signature) W. D. Dutton

(21) State whether Physician or Midwife Physician

(22) Address of Physician or Midwife Jefferson

Give name added from a supplementary report

(23) Witness (Signature of Witness necessary only when question 22 is signed by physician)

(24) Filed Feb. 7, 1911

Registrar

When there was no attending physician or midwife, then the father, mother, or other person, if a child breathes even once, it must not be reported as stillborn, but as born alive, before the birth record is made.