

MARGIN RESERVED FOR INDEXING.  
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Ashe

Township of .....

Inc. Town of .....

City of Ashe

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2-A

30718

Registered No. 68  
(For use of Local Registrar)

(2) Full Name of Child N. Will C. Craig

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

(3) SEX OR CHILD boy (4) Type or Token by (5) Number in order of birth 3 (6) DATE OF BIRTH Oct 4, 1923

FATHER.

(8) FULL NAME William Craig

(9) PRESENT RESIDENCE OF FATHER Ashe S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 37

(12) BIRTHPLACE S.C.

(13) OCCUPATION farmer

(14) Number of children born to mother, including present birth 13

MOTHER.

(16) NAME BEFORE MARRIAGE Florence Redd

(17) PRESENT RESIDENCE OF MOTHER Ashe S.C.

(18) COLOR OR RACE W (19) AGE AT LAST BIRTHDAY 38

(20) BIRTHPLACE S.C.

(21) OCCUPATION house work

(22) Number of children of the mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive 2:00 P.M. on the date above stated.

(24) (Signature) P. H. Neill

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife Ashe S.C.

Given name added from a supplemental report

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

(28) Filed 10/10/23 (29) P. H. Neill Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired or stillborn before the fifth month of pregnancy.

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