

Form No 1.

## (1) PLACE OF BIRTH

County of 2. C. ... B. ...Township of Shapiroor  
Inc. Town of .....or  
City of .....

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

## CERTIFICATE OF BIRTH

STATE OF NORTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registration

50673

Registration District No. 215 Registered No. 215

(For use of Local Registrar)

(2) Full Name of Child Leind. about 19. 7. 1916

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

(3) BOY OR GIRL? Boy (4) Twin or triplet? — (5) Number in order of birth — (6) Are Parents Married? 34 (7) DATE OF BIRTH 19. 7. 1916(Name of Month) July (Day) 19 (Year) 1916

## FATHER.

(8) FULL NAME Charles W. Hamble(9) PRESENT POSTOFFICE OF FATHER Greensboro P.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 45 (Years)(12) BIRTHPLACE Winn-Burgles P.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

## MOTHER.

(15) NAME BEFORE MARRIAGE Janie Hamble(16) PRESENT POSTOFFICE OF MOTHER Greensboro P.C.(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 23 (Years)(19) BIRTHPLACE Winn-Burgles P.C.(20) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, on 19. 7. 1916 (Born alive or stillborn) (Month & Day of Year)(23) (Signature) W. M. O'Bryan, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greensboro P.C.

Given name added from a supplemental report

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

(27) Filed Feb 26 1916 (28) Dr. O'Bryan

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

MARGIN RESERVED FOR BINDING.

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 5.

Law of Columbia