

Form No. 1

(1) PLACE OF BIRTH

County of Cherokee

CERTIFICATE OF BIRTH

STATE OF NORTH CAROLINA
Department of Public Health
State Board of Health

FILE NO.—FOR REGISTRATION

617

Residence of

Sex of BoyRegistration District No. 12

(For use of Local Health Officer)

City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number)(2) Full Name of Child John Ballinger

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

(3) SEX	(4) AGE	(5) DATE OF BIRTH	(6) DATE OF DEATH
Male	1 year	1923	

(7) FULL NAME Albert Ballinger(8) NAME BEFORE Mattie Deal(9) PRESENT ADDRESS Jefferson St. N. E.(10) PRESENT ADDRESS Jefferson St. N. E.(11) COLOR White(12) COLOR White(13) BIRTHPLACE Jefferson St. C.(14) BIRTHPLACE Jefferson St. C.(15) OCCUPATION Labour(16) OCCUPATION Farm hand(17) Number of children born to mother, including present birth 1(18) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(19) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Mark A. M. or P. M.) on the date above stated.(20) (Signature) M. F. F.(21) State whether Physician or Midwife Midwife(22) Address of Physician or Midwife Jefferson St. N. E.

Given name added from a supplemental report

(23) Witness J. H. F.(24) Signature of Witness J. H. F.(25) Date Feb. 11, 1923

Registrar

*When there was no attending physician or midwife, the birth should be reported as soon as the child breathes even once, it must be reported.