

(1) PLACE OF BIRTH

County of Mecklenburg

Township of

or
Inc. Town ofor
City of Charlotte

(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

File No.—For State Registrar Only

42917

Registration District No. 55

Registered No. 485

(For use of Local Registrar)

(2) Full Name of Child Theresa ElizabethSt. Ward

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth
to be recorded only in case of Twin or Triplet(6) Are Parents Married? yes(7) DATE OF BIRTH Dec 29
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. H. Broun(9) PRESENT POSTOFFICE OF FATHER Charlotte(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE N.C.(13) OCCUPATION Minister

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

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Broun(15) PRESENT POSTOFFICE OF MOTHER Charlotte(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE Mecklenburg(19) OCCUPATION Teacher

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Charlotte, G. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. J. Jordan

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

May 29, 1916.W. H. Broun
Registrar

(26) Witness

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

(27) Filed Jan 10, 1916

(28)

C. E. Smith

Local Registrar.

*When there is 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 of stillbirths before the fifth month of pregnancy.

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