

Form No. 1

(1) PLACE OF BIRTH

County of .....  
 Township of .....  
 Inc. Town of .....  
 City of .....

CERTIFICATE OF BIRTH

STATE OF NORTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. ....

No. 167  
 For State Registrar Only

Registered No. ....  
 (For use of Local Registrar)

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

(2) Full Name of Child

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

(a) SEX OR CHILD (b) Date of Birth (c) Number in order of birth (d) Are Parents Married (e) DATE OF BIRTH (Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME  
 (2) PRESENT POSTOFFICE IF FATHER  
 (3) COLOR OR RACE  
 (4) BIRTHPLACE  
 (5) OCCUPATION

(6) NAME BEFORE MARRIAGE  
 (7) PRESENT POSTOFFICE OF MOTHER  
 (8) COLOR OR RACE  
 (9) BIRTHPLACE  
 (10) OCCUPATION

MOTHER.

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(14) (Signature) (15) State whether, Physician or Midwife

(16) Address of Physician or Midwife

Given name added from a supplementary report

(17) Signature of Witness (Signature of Witness necessary only when question 23 is asked)

When there was no physician or midwife present, the father, householder, etc. should make this return if a new bearer of the name. No report is desired of stillbirths or pregnancy.

THIS FORM IS TO BE FILLED OUT BY THE REGISTRAR OR HIS ASSISTANT. IT IS NOT TO BE FILLED OUT BY THE PHYSICIAN OR MIDWIFE. IT IS NOT TO BE FILLED OUT BY THE FATHER OR HOUSEHOLDER. IT IS NOT TO BE FILLED OUT BY THE BIRTH ATTENDING PHYSICIAN OR MIDWIFE. IT IS NOT TO BE FILLED OUT BY THE FATHER OR HOUSEHOLDER. IT IS NOT TO BE FILLED OUT BY THE BIRTH ATTENDING PHYSICIAN OR MIDWIFE.