

NAME OF BIRTH

State of North Carolina
 STATE OF NORTH CAROLINA
 (For use of Local Registrar Only)

FILE No.—For State Registrar Only
 32204-A

Place of Birth
 Date of Birth 2010
 Registered No.
 (For use of Local Registrar)

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

1. Sex ☒ Male ☐ Female
 2. Date of Birth Oct. 25, 1911
 (Month, day, year)

FATHER
 3. Full maiden name
 4. Residence (usual place of abode)
 (If non-resident, give place and State)

MOTHER
 5. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.
 6. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

7. Age at last birthday
 8. Date (month and year) last engaged in this work

9. Total time (years) spent in this work
 10. Date (month and year) last engaged in this work

11. Total time (years) spent in this work
 12. Date (month and year) last engaged in this work

13. Total time (years) spent in this work
 14. Date (month and year) last engaged in this work

15. Total time (years) spent in this work
 16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work
 18. Date (month and year) last engaged in this work

19. Total time (years) spent in this work
 20. Date (month and year) last engaged in this work

21. Total time (years) spent in this work
 22. Date (month and year) last engaged in this work

23. Total time (years) spent in this work
 24. Date (month and year) last engaged in this work

25. Total time (years) spent in this work
 26. Date (month and year) last engaged in this work

27. Total time (years) spent in this work
 28. Date (month and year) last engaged in this work

29. Total time (years) spent in this work
 30. Date (month and year) last engaged in this work

31. Total time (years) spent in this work
 32. Date (month and year) last engaged in this work

33. Total time (years) spent in this work
 34. Date (month and year) last engaged in this work

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child on the date above stated.
 (Born alive or stillborn)

Was there was no attending physician or midwife, then the father, householder, or next of kin, must make this return.

Signature of Midwife

Signature of Physician

Signature of Midwife

Signature of Physician

Signature of Midwife

Signature of Physician

Signature of Midwife

Signature of Physician

Copy