

(1) PLACE OF BIRTH

County of LumbeeTownship of Princetonor
Inc. Town ofor
City of

(No. Ward)

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

(2) Full Name of Child Infant n. Gay

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

(3) SEX Girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Age

(7) DATE OF BIRTH Nov 20 23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Taylor(9) PRESENT POSTOFFICE OF FATHER Tindal SC(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 30(12) BIRTHPLACE Clarendon Co(13) OCCUPATION Domestic(14) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Mary n. Gay(15) PRESENT POSTOFFICE OF MOTHER Tindal SC(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 20(18) BIRTHPLACE Lumbee County(19) OCCUPATION "House Wife"(20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour and day of birth)(22) (Signature) Maggie Pearson(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Tindal SC

Given name added from a supplemental report

(25) Witness Thomas Boyden

(Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed Nov 24 23(27) Local Registrar James Boyden

When there was no attending physician or midwife, then the father, householder, or 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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