

## (1) PLACE OF BIRTH

County of Concord

Township of .....

Inc. Town of .....

City of Durham

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

## (2) Full Name of Child

Emmie Seefeld

File No.—For State Registrar Only

4711

Registered No. 3  
(For use of Local Registrar)

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in case of Twin or Triplet 2

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

1-14-23  
(Name (Month) (Day) (Year))

## FATHER.

(8) FULL NAME

Sam Seefeld

(9) PRESENT POSTOFFICE OF FATHER

Durham N.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26  
(Years)

(12) BIRTHPLACE

Georgia

(13) OCCUPATION

Public work

(14) NAME BEFORE MARRIAGE

Alma Puffer

(15) PRESENT POSTOFFICE OF MOTHER

Durham

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

26  
(Years)

(18) BIRTHPLACE

Concord

(19) OCCUPATION

Public work

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

2

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 2 P. M., on the date above stated. (Born alive or stillborn: Hour A. M. or P. M.)

(23) (Signature)

Kara L. Sherman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Durham

(Given name added from a supplemental report)

(26) Witness

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

Hicks

(27) Filed

19

(28) Local Registrar

Local Registrar

When there was 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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