

CERTIFICATE OF BIRTH

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

3863

Name of Flamington
 County of Fulton
 or
 In Town of

Registration District No. 2429 Registered No. 11
 (For use of Local Registrar)

City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

(1) Full Name of Child James Luther Coker

(2) Sex Male (3) Date of Birth July 2, 1923
 (4) Time of Birth 12:12 (5) Place of Birth Home

FATHER
 (6) Full Name James Luther Coker
 (7) Present Residence of Father 212
 (8) Color of Father White (9) Age at last birthday 34
 (10) Birthplace La
 (11) Occupation Farmer
 (12) Name of mother last seen, including present name 2

MOTHER
 (13) Name of Mother Isabel Coker
 (14) Present Residence of Mother 212
 (15) Color of Mother White (16) Age at last birthday 31
 (17) Birthplace La
 (18) Occupation Housewife
 (19) Name of child's father at birth James Luther Coker

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (20) I hereby certify that I attended the birth of this child, either as a physician or midwife, on the date above stated.

(21) Signature of Physician or Midwife W. H. Foster (22) Address of Physician or Midwife Laurel City, La

(23) Name of Registrar W. H. Foster
 (24) Address of Registrar Laurel City, La
 (25) Date of Registration July 2, 1923