

## (1) PLACE OF BIRTH

County of CharlotteTownship of Charlotteor  
Inc. Town ofCity of Charlotte

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

2) Full Name of Child Arthur S. Surrency

File No.—For State Registrar Only

41278

Registered No. 1924

(For use of Local Registrar)

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

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>12</u> <u>15</u> <u>22</u>
To be answered only in case of Twin or Triplet				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Harry Surrency

(9) PRESENT POSTOFFICE OF FATHER 43 Society

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Charlotte, N.C.

(13) OCCUPATION Laborer

(14) Number of children born to mother, including present birth 2

## MOTHER.

(15) NAME BEFORE MARRIAGE Lillian Williams

(16) PRESENT POSTOFFICE OF MOTHER 43 Society

(17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 17 (Years)

(19) BIRTHPLACE Charlotte, N.C.

(20) OCCUPATION Washerwoman

(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10:44 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Physician(24) State whether Physician or Midwife (25) Address of Physician or Midwife 14 Elmwood Ave

Given name added from a supplemental report

(26) Witness

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

(27) Filed 12/19 22

(28)

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.