

## (1) PLACE OF BIRTH

County of WashingtonTownship of Northor  
Inc. Town of .....

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF NORTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4201Registered No. 11

(For use of Local Registrar)

(2) Full Name of Child Rene Singleton(If child is not yet named, enter  
unassigned name in District(3) SEX OF  
CHILDMale(4) AGE  
or Approx1 day(5) NUMBER IN  
FAMILY4

(6) RACE

White(7) DATE OF  
BIRTHFeb 7(8) TIME OF  
BIRTH10:00(9) PLACE OF  
BIRTHHome

## FATHER

(10) FULL  
NAMEAlfred Singleton(11) OCCUPATION  
OF FATHERKingston St(12) COLOR  
OF FATHERWhite(13) AGE AT LAST  
BIRTH27

(14) MARRIAGE

St

(15) OCCUPATION

Farmer

## MOTHER

(16) FULL  
NAMEMinnie Reid(17) OCCUPATION  
OF MOTHERKingston St(18) COLOR  
OF MOTHERWhite(19) AGE AT LAST  
BIRTH21

(20) MARRIAGE

St

(21) OCCUPATION

Housewife(22) Number of children born to  
mother, including present birth4(23) Number of children of this mother  
now living, including present birth4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) 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 A.M. or P.M.)

(25) (Signature)

Ann McCall

(26) State whether Physician or Midwife

Midwife

(27) Address of Physician or Midwife

Kingston StGiven name added from a supplementary  
report

(28) Witness

(Signature of Witness necessary only  
when question 28 is signed by mark)

(29) Date

Feb 7

(30) Time

10:00

\*When there was no attending physician or midwife, then the father, housewife, or other person, if a child breathes even once, it must not be reported as stillborn, but as born, and the birth must be reported before the fifth month of pregnancy.