

Form No. 1.

(1) PLACE OF BIRTH

County of

Chesterfield

Township of

*Int. Prognosis*or
Inc. Town of

or

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

Division of Vital Statistics

State Board of Health

File No. - For this Record

48599

Registration District No. *1205*Registered No. *19*

(For use of Local Authorities)

(2) Full Name of Child

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

(3) BOY OR GIRL?

Boy

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb 4

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Irish Allen

(9) PRESENT POSTOFFICE OF FATHER

Ruby S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

30
(Years)

(12) BIRTHPLACE

Chesterfield co S.C.

(13) OCCUPATION

Farmer

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

5

MOTHER

(15) NAME BEFORE MARRIAGE

Eula Sellers

(16) PRESENT POSTOFFICE OF MOTHER

Ruby S.C.

(17) COLOR OR RACE

white

(18) AGE AT LAST BIRTHDAY

50
(Years)

(19) BIRTHPLACE

Chesterfield co S.C.

(20) OCCUPATION

Housewife

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *5 P.M.* on the date above stated. (Hour & M. of Day)

(23) (Signature)

Robert W. Harrison

(24) Place where Physician or Midwife

(25) Address of Physician or Midwife

*Physician**Ruby S.C.*

Given name of child at birth

(26) Signature

(27) Signature of Witness necessary only when question 22 is answered by mother

*Feb 11, 1916**J. T. Rivers*

When cases arise in the State of North Carolina, the following instructions should be followed: If a child is born, the mother should be examined and the child should be examined and the results of the examination should be reported to the State Board of Health.