

(1) Place of birth
County of Anderson
Township of Thatcher
City of

CERTIFICATE OF BIRTH
State of North Carolina
Department of Public Health
State Board of Health

Registration District No. 300

(2) Full Name of Child Starck

(3) Sex of Child
(4) Date of Birth
(5) Time of Birth
(6) Place of Birth

(7) Name of Father Starck

(8) Name of Mother Bellon

(9) Color of Child negro

(10) Age of Child at Birth 48

(11) Name of Child at Birth Starck

(12) Number of children born to mother, including present one 5

(13) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(14) Signature of Physician or Midwife Lokey

(15) Name of Child at Birth Starck

(16) Name of Child at Birth Starck

(17) Name of Child at Birth Starck

(18) Name of Child at Birth Starck

(19) Name of Child at Birth Starck

(20) Name of Child at Birth Starck

(21) Name of Child at Birth Starck

(22) Name of Child at Birth Starck

(23) Name of Child at Birth Starck

(24) Name of Child at Birth Starck

(25) Name of Child at Birth Starck

(26) Name of Child at Birth Starck

(27) Name of Child at Birth Starck

(28) Name of Child at Birth Starck

(29) Name of Child at Birth Starck

When there was no attending physician or midwife then the father, if a child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.