

**31735**

Registered No. ....  
(For use of Local Registrar)

(No. .... St. .... Ward)   
 Institution, give name of same instead of street and number.)

(2) Full Name of Child Alice Klauside Douglas If child is not yet named, make supplemental report as directed

(2) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twin or Triplet		No	July 8 1933 (Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME *James King*

(9) PRESENT POSTOFFICE OF FATHER *Esomville N.C.*

(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *22*  
(Years)

(12) BIRTHPLACE *N.C.*

(13) OCCUPATION *Unemployed*

20. Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE *Edith Wilson*

(15) PRESENT POSTOFFICE OF MOTHER *Winnfield La.*

(16) COLOR OR RACE *Kind* (17) AGE AT LAST BIRTHDAY *19*  
(Type)

(18) BIRTHPLACE *L.S.*

(19) OCCUPATION *at home*

(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 \_\_\_\_\_ at \_\_\_\_\_  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(28) (Signature)

(28) (Signature) \_\_\_\_\_  
 (24) State whether Physician or Midwife \_\_\_\_\_

(25) Address of Physician or Midwife

(Given name added from a supplement-  
tal report)

(20) Witness

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

(27) Filed

(28) ..... Local Registrar.

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.