

## (1) PLACE OF BIRTH

County of Lancaster  
 Township of Hills Creek  
 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  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only  
**56471**

Registration District No. 2004 Registered No. 574  
 (For use of Local Registrar)

(2) Full Name of Child Indra Lancia Lhoma } Is child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? - (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 22 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Roland Lhoma  
 (9) PRESENT POSTOFFICE OF FATHER Lancaster N.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)  
 (12) BIRTHPLACE Lancaster County  
 (13) OCCUPATION Cotton mill work  
 (14) Number of children born to mother, including present birth Four

## MOTHER

(14) NAME BEFORE MARRIAGE Katie Thompson  
 (15) PRESENT POSTOFFICE OF MOTHER Lancaster N.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)  
 (18) BIRTHPLACE North Carolina  
 (19) OCCUPATION House work  
 (21) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 6:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) J. D. Thompson  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Lancaster N.C.

Given name added from a supplemental report  
 ....., 191...

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mother)  
 (27) Filed May 1, 1916 (28) J. D. Thompson 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.

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FORM NO. 8  
 PRINTED AT THE  
 N. C. in case of TWINS  
 McCaw, of Columbia  
 N. C.