

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF NORTH CAROLINA
 DEPARTMENT OF VITAL STATISTICS
 STATE BOARD OF HEALTH

818

County of **WILKESBARE**

City of **WILKESBARE**

Sex of **MALE**

Registration District No. **008**

Registered No. **8**
 (For use of Local Registrar)

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

(2) Full Name of Child **ARTHUR DRAYTON JR.**

(1) SEX **MALE** (2) TIME OF BIRTH **10:00 A.M.** (3) DAY OF BIRTH **10** (4) MONTH OF BIRTH **10** (5) YEAR OF BIRTH **1917**

FATHER

(10) NAME BEFORE MARRIAGE **ARTHUR DRAYTON**

(11) PRESENT ADDRESS OF FATHER **WILKESBARE, S. C.**

(12) COLOR **WHITE** (13) AGE AT LAST BIRTHDAY **33** (Years)

(14) BIRTHPLACE **S. C.**

(15) OCCUPATION **FARMER**

(16) NUMBER OF CHILDREN BORN TO FATHER, INCLUDING PRESENT BIRTH **3**

MOTHER

(10) NAME BEFORE MARRIAGE **LOUISA JONES**

(11) PRESENT ADDRESS OF MOTHER **WILKESBARE, S. C.**

(12) COLOR **WHITE** (13) AGE AT LAST BIRTHDAY **19** (Years)

(14) BIRTHPLACE **S. C.**

(15) OCCUPATION **PAID LABORER**

(16) NUMBER OF CHILDREN OF THIS MOTHER, INCLUDING PRESENT BIRTH **3**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **BORN ALIVE** on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **J. A. Jones** (24) State whether Physician or Midwife **Midwife** (25) Address of Physician or Midwife **WILKESBARE, S. C.**

Given name added from a supplemental report

(26) Witness **W. A. Jones** (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed **JAN 31 1918** (28) Registrar

When there was no attending physician or midwife, then the father, housewife, or other person, must sign this certificate. If a child breathes even once, it must not be reported as stillborn. Before the fifth month of pregnancy.