

(1) PLACE OF BIRTH

County *Monroe*

Township of

or
Inc. Town ofor
(City) *Monroe*

(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

22700

Registration District No. *42-A* Registered No. *106*
(For use of Local Registrar)(No. *106* Ward *106*)(2) Full Name of Child *Robert Philip* (If child is not yet named, make supply name as directed)(3) SEX *M* (4) Type of Birth *Single* (5) Number in order of birth *1* (6) Are Parents Married *Yes* (7) DATE OF BIRTH *4-10-23*
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <i>W. L. Kinsler</i>	(14) NAME BEFORE MARRIAGE <i>Jeanne Stillwell</i>	(9) PRESENT POSTOFFICE OF FATHER <i>Monroe S C</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Monroe S C</i>
(10) COLOR OR RACE <i>N</i>	(16) COLOR OR RACE <i>N</i>	(11) AGE AT LAST BIRTHDAY <i>33</i> (Years)	(17) AGE AT LAST BIRTHDAY <i>29</i> (Years)
(12) BIRTHPLACE <i>Carroll County Tenn</i>	(18) BIRTHPLACE <i>Spencer NC</i>	(13) OCCUPATION <i>Carpenter</i>	(19) OCCUPATION <i>Domestic</i>
(20) Number of children born to mother, including present birth <i>2</i>	(21) Number of children of this mother now living, including present birth <i>2</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive or stillborn* (Born alive or stillborn) Hour *10 A* M. or P. M.

on the date above stated.

(23) (Signature) *N. H. Hootch* (24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *109*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) *W. L. Kinsler*
(27) Filed *4-10-23* (28) 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