

# CERTIFICATE OF BIRTH

STATE OF NORTH CAROLINA  
BUREAU OF VITAL STATISTICS  
State Board of Health

2881

Name of Flannery  
County of Franklin  
City of .....

Registration District No. 2881 Registered No. 1  
(For use of Local Registrar)

City of .....

(1) Full Name of Child Maria Jane Taylor

(2) Sex Girl (3) Date of Birth July 12 (4) Time of Birth 11:30 (5) Place of Birth Home

FATHER: (1) Full Name George J. Taylor (2) Present Residence of Father Lee St. R. (3) Color of Hair White (4) Age at Last Birthday 43 (5) Occupation Farmer

MOTHER: (1) Full Name Myrtle Perriest (2) Present Residence of Mother Lee St. R. (3) Color of Hair White (4) Age at Last Birthday 27 (5) Occupation Housewife

(6) Number of children born to mother, including present child 1

(7) Signature of Attending Physician or Midwife Maria Taylor

(8) I hereby certify that I attended the birth of this child, who was born on the date above stated. (9) Signature of Registrar Lee St. R.

(10) Signature of Registrar Lee St. R.