

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF NORTH CAROLINA

Bureau of Vital Statistics

Since Board of Health

No. 10.—For State Registrar Only

3758

Registration District No.

Registered No.

(For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of institution of street and number

(2) Full Name of Child

William Jackson Arnette

If child is not yet named, make supplemental report as directed

1. SEX OR
GIRL

Boy

2. TIME
or Triplet

3. NUMBER IN
AGE OF BIRTH

4. ARE
Parents
Married

5. DATE OF
BIRTH

July 15-23

FATHER

6. FULL
NAME

R. E. Arnette

10. NAME BEFORE
MARRIAGE

Sarah Hall

7. PRESENT
POSTOFFICE
OF FATHER

Wumbors & C

10. PRESENT
POSTOFFICE
OF MOTHER

Wumbors & C

8. COLOR
OR
RACE

White

9. AGE AT LAST
BIRTHDAY

4

10. COLOR
OR
RACE

White

11. AGE AT LAST
BIRTHDAY

3

12. BIRTHPLACE

Monticello & C

10. BIRTHPLACE

Lairfield & C

13. OCCUPATION

Farmer

10. OCCUPATION

Housewife

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

8

11. Number of children of this mother
now living, including present birth

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.

alive at 5 P. M.
(Born alive or stillborn) Hour A. M. or P. M.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Wumbors & C

Given name, address, from a newspaper
(to report)

(26) Witness

(Signature of Witness necessary only
when question 26 is signed by mark)

Mar 10 1923 E. H. Haynes

When these witnesses
if a child is born