

14546

Registered No.
(For use of Local Registrar)

Only of (No. St.; Ward,)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(1) NOT ON CARD <i>Boy</i>	(4) Title or Position <i>on</i> To be answered only in event of Title or Position	(5) Number in order of birth <i>2</i>	(6) Are Parents Married? <i>Y</i>	(7) DATE OF BIRTH... <i>March</i> ... <i>23</i> (Name of Month) (Day) (Year)
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FATHER.

9 FULL NAME Mr. Gant

FORWENT
POST OFFICE
OF FATHER Reckman He

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 YEARS

(b) BIRTHPLACE Belmont, NC

10b OCCUPATION
Sgt. P. J. [illegible]

Sections Hayd and K

1. Name of child: Johnnie Lee

MOTHER. *3-12*

(14) NAME BEFORE MARRIAGE Corrie McLeod

(7b) PRESENT
PROSECUTION
OF MOTHER *Bethanne St*

(16) COLOR OR RACE *Red* (17) AGE AT LAST BIRTHDAY *24*

(10) *Hickman*

(7) OCCUPATION

(21) Number of children of this mother: 1

RESEARCHER OR MIDWINTER:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(20) (Signature)

(24) State whether

(3) Address of Physician or Midwife

Given name added from a supplemental report

(b)(1) Witness

MAY

(20) F^{1000}

..... 19
Registrar

*When there was no attending physician or midwife, then the father, householder, or other person present must report as stillborn. No report is desired of stillbirths 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.

*When there was no attending physician or midwife, then the father, head of the household, ~~and~~ should make this report. 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.