

(1) **Place of Birth**
County of *Adams*
Township of *Adams*
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF NORTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. *2. A.P.* Registered No. *1111*
(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**

(3) **Sex** *boy* (4) **Age** *one* (5) **Number in family** *1* (6) **Marital Status** *no* (7) **Date of Birth** *Jan 7 1913*

| FATHER | | MOTHER | |
|---|---|--------|--|
| (8) Full Name <i>Whit me Howell</i> | (14) Full Name <i>annet more</i> | | |
| (9) County of Birth <i>Adams R. 2</i> | (15) County of Birth <i>Adams R. 2</i> | | |
| (10) Color <i>colored</i> (11) Age at last birthday <i>17</i> | (16) Color <i>colored</i> (17) Age at last birthday <i>16</i> | | |
| (12) Occupation <i>chicken</i> | (18) Occupation <i>chicken</i> | | |
| (13) Signature <i>Jamming</i> | (19) Signature <i>Jamming</i> | | |
| (20) Number of children born to mother, including present birth <i>1</i> | (21) Number of children of the father now living, including present birth <i>1</i> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Medicine* *7.7.13*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Jamnia Johnson*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Medicine R. 1* *Adams R. 2*

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *1/12/13* (28) *M. Calhoun*
Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., 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.

per M. Calhoun