

Form No. 1.

(1) PLACE OF BIRTH

County of York

Township of Brookton

or  
Inc. Town of .....

or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and city.)

CERTIFICATE OF BIRTH

ISSUED BY THE CLERK OF THE  
COUNTY OF YORK  
STATE OF NORTH CAROLINA

FILE NO. - 50778

Registration District No. 4401 Registered No. 130

(2) Full Name of Child Sarah

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

(a) BOY OR GIRL? 4 (b) Twin or Triplet? X (c) Number of children born to mother 3 (d) Age of mother at birth of child 24 (e) Date of birth Jan 10, 1910

FATHER		MOTHER	
(6) FULL NAME <u>Wm. McCullough</u>	(10) NAME BEFORE MARRIAGE <u>Wm. McCullough</u>	(14) NAME BEFORE MARRIAGE <u>Ann J. J. J.</u>	(18) NAME BEFORE MARRIAGE <u>Ann J. J. J.</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Smith S.C.</u>	(11) PRESENT POSTOFFICE OF FATHER <u>Smith S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Smith S.C.</u>	(19) PRESENT POSTOFFICE OF MOTHER <u>Smith S.C.</u>
(10) COLOR OR RACE <u>Col</u>	(12) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(20) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(12) BIRTHPLACE <u>York S.C.</u>	(13) OCCUPATION <u>Farm Hand</u>	(17) BIRTHPLACE <u>Charter Co.</u>	(21) OCCUPATION <u>Farm Hand</u>
(22) Number of children born to mother, including present birth <u>3</u>	(23) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was born alive or stillborn on this date above stated.

(25) Signature of Physician or Midwife [Signature]

Clerk of the County of York

(26) Signature of Witness [Signature]

(27) Date Jan 10, 1910

MARGIN RESERVED FOR BINDING.  
PLEASE, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.