

(1) PLACE OF BIRTH

County of *Livingston*Township of *Livingston*

Inc. Town of.....

City of.....

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

CERTIFICATE OF BIRTH

STATE OF NORTH CAROLINA

Bureau of Vital Statistics

State Capital at Raleigh

Registration District No. *304*Registered No. *21*
(For use of Local Registrar)(2) Full Name of Child *THOMAS ANDREW BARR*

If child is not yet named, make name of child known to Registrar

(a) SEX *Boy*(b) TIME OF BIRTH *7:00 AM*(c) DATE OF BIRTH *Feb 27 1904*(d) PLACE OF BIRTH *Livingston*(e) NAME OF BIRTH PLACE *Livingston*(a) NAME *Joseph Barr*(b) NAME *Patience Mary Black*(c) NAME *Patience Mary Black*(d) NAME *Patience Mary Black*(e) NAME *Patience Mary Black*(f) NAME *Patience Mary Black*(g) NAME *Patience Mary Black*(h) NAME *Patience Mary Black*(i) NAME *Patience Mary Black*(j) NAME *Patience Mary Black*(k) NAME *Patience Mary Black*(l) NAME *Patience Mary Black*(m) NAME *Patience Mary Black*(n) NAME *Patience Mary Black*(o) NAME *Patience Mary Black*(p) NAME *Patience Mary Black*(q) NAME *Patience Mary Black*(r) NAME *Patience Mary Black*(s) NAME *Patience Mary Black*(t) NAME *Patience Mary Black*(u) NAME *Patience Mary Black*(v) NAME *Patience Mary Black*(w) NAME *Patience Mary Black*(x) NAME *Patience Mary Black*(y) NAME *Patience Mary Black*(z) NAME *Patience Mary Black*(aa) NAME *Patience Mary Black*(ab) NAME *Patience Mary Black*(ac) NAME *Patience Mary Black*(ad) NAME *Patience Mary Black*(ae) NAME *Patience Mary Black*(af) NAME *Patience Mary Black*(ag) NAME *Patience Mary Black*(ah) NAME *Patience Mary Black*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(1) I hereby certify that I attended the birth of this child, who was *Alive* at *10 P. M.* on the date above stated. (Sign alive or stillborn) (Sign A. M. or P. M.)*off'd 5-3-49 BHM*

(2) (Signature)

(3) Date whether Physician or Midwife

(4) Address of Physician or Midwife

Given name added from a supplemental report

(5) Witness (Signature of Witness necessary only when question 11 is signed by mother)

(6) Date *July 3 1904* (Signature of Local Registrar)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. 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.

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