

**CERTIFICATE OF BIRTH**  
**State of NORTH CAROLINA**  
 Department of Vital Statistics  
 State Board of Health

No. **458** for this registration

Name of **Charles**  
 Sex of **Male**  
 Date of **Jan 7 1923**

Registration District No. **9A** Registered No. **75**  
 (For use of Local Registrar)  
 City of **Charlotte** State **NC** Ward **5**  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child **Charles Nikitas** If child is not yet named, make supplemental report as directed

(1) SEX **M** (2) TYPE **W** (3) RACE **W** (4) ARE PARENTS MARRIED? **Y** (5) DATE OF BIRTH **Jan 7 1923**  
 (Month of Month) (Day) (Year)

<b>FATHER</b> Full Name <b>Stratis Nikitas</b> Present Residence <b>Charlotte NC</b> Color <b>W</b> (11) AGE AT LAST BIRTHDAY <b>40</b> (Year) Birthplace <b>State of Constantinople, Turkey</b> Occupation <b>Merchant</b> Number of children born to father, including present birth <b>6</b>		<b>MOTHER</b> Full Name <b>Sophie Rodchenie</b> Present Residence <b>Charlotte NC</b> Color <b>W</b> (12) AGE AT LAST BIRTHDAY <b>32</b> (Year) Birthplace <b>State of Constantinople, Turkey</b> Occupation <b>Housewife</b> Number of children of this mother now living, including present birth <b>5</b>	
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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
 (13) I hereby certify that I attended the birth of this child, who was **born** **330 P. M.** **Jan 7 1923** **at** **Charlotte NC** **live** **or stillborn** **(Hour A. M. or P. M.)**  
 on the date above stated.  
 (14) (Signature) **John W. Rodchenie**  
 (15) State whether Physician or Midwife **Physician** (16) Address of Physician or Midwife **277 Wilson**

When name added from a supplemental report  
 (17) Witness **101**  
 (18) Signature of Witness necessary only when question 17 is signed by mark  
 (19) Filed **1/10 1923** (20) **10123** (21) **10123**  
 Registrar **John W. Rodchenie**

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.