(1) PLACE OF BIRTH

County of Chester

Township of .....

or

Inc. Town of .....

or

City of Chester

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

CERTIFICATE OF BIRTH

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

Registration District No. 11A Registered No. 1 (For use of Local Registrar)

(No. ..... Street) (No. ..... Ward)

(2) Full Name of Child Catherine Elmer Gaut (If child is not yet named, make supplemental report as directed.)

(3) SEX OF CHILD	(4) Twin or Triplet	(5) Number in order of birth	(6) Legitimate	(7) DATE OF BIRTH
Girl			Yes	Month, Day, Year: 3-3

FATHER	MOTHER
(8) FULL NAME: A Warren Gaut	(9) MAIDEN NAME: Alice Roberts
(11) PRESENT POST-OFFICE OF FATHER: Chester	(12) PRESENT POST-OFFICE OF MOTHER: Chester
(10) COLOR OR RACE: W (11) AGE AT LAST BIRTHDAY: 27 (Years)	(13) COLOR OR RACE: W (14) AGE AT LAST BIRTHDAY: [illegible] (Years)
(12) BIRTHPLACE: Chester S	(15) BIRTHPLACE: Chester S
(13) OCCUPATION: Clerk	(16) OCCUPATION: None
(20) Number of children born to mother, including present child: 2	(21) Number of children of this mother now living, including present child: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at [illegible] on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [illegible]

(24) State whether Physician or Midwife: MD

(25) Address of Physician or Midwife: Chester

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed [illegible] 19 [illegible] (28) [illegible] 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.

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