

County of Charlotte Registration District No. 528 Registered No. 164  
Municipality of Charlotte (For use of Local Registrar)  
Date of Birth 1944 King St (If birth occurs in a hospital or institution, give name of institution instead of street and number.)  
City of Charlotte

(2) Full Name of Child Charles Marshall Stone If child is not yet named, make name of child known to Registrar

Sex M Age 4 1/2 Date of Birth 1944 23

FATHER  
Full Name Clarence Robert Stone  
Address 1032 King Charlotte  
Color wh (M) 33  
Birthplace Charlotte S.C.  
Occupation Policeman  
Number of children born to mother, including present one 1

MOTHER  
Full Name Beet Wright  
Address 1032 King Charlotte  
Color wh (M) 20  
Birthplace Charles St Stephen  
Occupation Housewife  
Number of children of this mother, including present one 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
(18) I hereby certify that I attended the birth of this child, who was stone on the date above stated. (Date of Birth) (How A. M. or P. M.)

(19) (Signature) Henry Stone  
(20) State whether Physician or Midwife  
(21) Address of Physician or Midwife Charlotte S.C.

Given name added from a supplementary report  
(22) Witness (Signature of Witness necessary only when question is in dispute) Wm. H. Stone  
(23) Filed 2/6 (24) Local Registrar

When there was no attending physician or midwife, then the father, housekeeper, etc., should make report. If a child breathes even once, it must be reported as a birth. No report is needed of stillbirths before the fifth month of pregnancy.

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