

(1) PRELIMINARY INFORMATION

County of ChathamTownship of Concord

Inc. Town of .....

City of .....

Registration District No. 1106Registered No. 1106

(For use of Local Authorities)

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

(2) Full Name of Child Parobart Mobley

If child is not yet named, give name of mother.

(a) SEX OF CHILD <u>Male</u>	(b) TIME OF BIRTH <u>7</u> To be inserted only in case of Twin or Triple	(c) DAY OF BIRTH <u>1</u>	(d) YEAR OF BIRTH <u>1906</u>	(e) MONTH OF BIRTH <u>1</u>	(f) DAY OF BIRTH <u>1</u>
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FATHER.

(1) FULL NAME Richard Mobley

(2) PRESENT RESIDENCE OF FATHER Rodman

(3) COLOR OF HAIR Dark (11) AGE AT LAST BIRTHDAY (Years) 40

(4) OCCUPATION Farmer

MOTHER.

(1) FULL NAME Mattie Simon

(2) PRESENT RESIDENCE OF MOTHER Rodman

(3) COLOR OF HAIR Dark (11) AGE AT LAST BIRTHDAY (Years) 36

(4) OCCUPATION Farm Laborer

(3) NAME OF ATTENDING PHYSICIAN OR MIDWIFE

(4) SIGNATURE OF PERSON MAKING STATEMENT

(5) SIGNATURE OF WITNESS

(6) SIGNATURE OF WITNESS

(7) SIGNATURE OF WITNESS

(8) SIGNATURE OF WITNESS

(9) SIGNATURE OF WITNESS

(10) SIGNATURE OF WITNESS

(11) SIGNATURE OF WITNESS

(12) SIGNATURE OF WITNESS