

No. 1

(1) PLACE OF BIRTH
 County of Kushka
 Township of Supath
 or
 Inc. Town of _____
 or
 City of _____

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

FILE NO. - For State Registrar Only
4-11-23

Registration District No. _____ Registered No. _____
 (For use of Local Registrar)
 (No. _____ St. _____ Ward _____)

(2) Full Name of Child Hattie Miller
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

If child is not yet named, make
 supplemental report as directed
 DATE OF BIRTH Feb 14 1923
 (Name of Month) (Day) (Year)

1. Sex of Child Female (a) Twin or Triplet _____ (b) Number in order of birth _____
 To be answered only in case of Twin or Triplet

FATHER.

7. Full Name unknown
 8. Present Residence of Father _____
 9. Color in Race _____
 10. Birthplace _____
 11. Age at Last Birthday _____
 12. Occupation _____

13. Name before Marriage Emma Miller
 14. Present Postoffice of Mother Chapel Hill N.C.
 15. Color or Race White AGE AT LAST BIRTHDAY _____
 16. Birthplace North Carolina
 17. Occupation Housewife
 18. Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(19) I hereby certify that I attended the birth of this child, who was _____ at _____ M.
 on the _____ day of _____, 19____.
 (20) (Signature) Lora V. [illegible]
 (21) State _____ Physician or Midwife (22) Address of Physician or Midwife _____

(23) Signature of Witness necessary only when question 22 is signed by mother
Feb 15 1923 (24) H. M. [illegible] Local Registrar
 (25) [illegible] householders, etc. should make this return
 No report is desired of stillbirths or pregnancies.