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

No. 22035

County of Bertie
Township of Windsor
Name of ..... Registration District No. 7-906 Registered No. 77
(If birth occurs in a hospital or other institution, give name instead of street and number.) (Ward)
(If birth occurs in a hospital or other institution, give mother's residence.) If child is not yet named, make supplemental report as directed

1) Full Name of Child Leon Curtis Rowland

SEX	(4) TWIN, TRIPLET, OR OTHER?	(5) NUMBER IN ORDER OF BIRTH	(6) LEGITIMATE?	(7) DATE OF BIRTH
M			Yes	March 3 1927

(Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME: Freddy Curtis Rowland	(14) FULL MAIDEN NAME: Dolly Smith
(9) RESIDENCE OR POSTOFFICE OF FATHER: Windsor	(15) RESIDENCE OR POSTOFFICE OF MOTHER: Windsor
(10) COLOR OR RACE: White	(16) COLOR OR RACE: white
(11) AGE AT LAST BIRTHDAY: 39 (Years)	(17) AGE AT LAST BIRTHDAY: 23 (Years)
(12) BIRTHPLACE: Bertie Co. N.C.	(18) BIRTHPLACE: Bertie Co. N.C.
(13) OCCUPATION: Shingle Mill Operator	(19) OCCUPATION: Home duties
Number of children born to mother, including present birth: 3	(20) Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) at ..... P. M.) on the date above stated.

(22) (Signature) .....
(23) State whether Physician or Midwife
(24) Address of Physician or Midwife

Given name added from a supplemental report

..... 19..

.....
Registrar

(25) Witness ..... (Signature of witness necessary only when question 22 is signed by mark)

(26) Filed July 8 1927 (27) .....
Local Registrar

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.

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