

(1) STATE OF BIRTH

County of Charlotte

Township of Jefferson

City of Jefferson

(If birth occurs in a hospital, give name of hospital instead of place of birth.)

(2) Full Name of Child John Smith

Sex Male

Age 5 1/2

Weight 15

Height 48

Color of hair Brown

Color of eyes Blue

Color of skin Fair

Color of feet Fair

Color of nails Fair

Color of teeth Fair

Color of hair Brown

Color of eyes Blue

Color of skin Fair

Color of feet Fair

Color of nails Fair

Color of teeth Fair

Color of hair Brown

Color of eyes Blue

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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was John Smith on the date above stated.

(21) (Signature) John A. Smith

(22) State whether Physician or Midwife Physician

(23) Address of Physician or Midwife Jefferson, N.C.

(24) Given name added from a supplemental report Mary Ann Smith

(25) Witness Mary Ann Smith

(26) Date Feb. 11, 1943

(27) Place N.C.

When there was no attending physician or midwife, the birth should be recorded as a stillbirth if a child breathes even once. It must be recorded as a stillbirth if a child breathes even once.