

Form No 1.

(1) PLACE OF BIRTH

County of 20. ...Township of 20. ...or
Inc. Town of 20. ...or
City of 20. ...

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

CERTIFICATE OF BIRTH

STATE OF NORTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. 50679

50679

Registration District No. 4. 301. Registered No. 20. 2.

(For use of local authorities)

(2) Full Name of Child Marcell Pharis

If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? Boy(4) Twin or Triplet? -(5) Number in order of birth -

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 4 1914(Name of Month) Feb (Day) 4 (Year) 1914

FATHER.

(8) FULL NAME Scipio B. Pharis(9) PRESENT POSTOFFICE OF FATHER Kingstree, S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE 20. ...(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Three

MOTHER.

(15) NAME BEFORE MARRIAGE Marcell Pharis(16) PRESENT POSTOFFICE OF MOTHER Kingstree, S.C.(17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 32 (Years)(19) BIRTHPLACE 20. ...(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) (Date & Time of Birth) Feb 4 1914 on the date above stated.(23) (Signature) Dr. A. L. ...(24) State whether Physician or Midwife (25) Address of Physician or Midwife Kingstree, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 19 1914 (28) Dr. A. L. ...

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDER. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Gav. of Columbia