

(1) PLACE OF BIRTH

County of Lincolnton
Township of Cedar Creek

Inc. Town of

City of

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

Registration District No. Registered No. 5 3

(For use of Local Registrar)

(2) Full Name of Child Joe Brown

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 1(6) Are Parents Married? yes(7) DATE OF BIRTH Jan. 21 1916

To be answered only in case of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe Brown(9) PRESENT POSTOFFICE OF FATHER Lincolnton S.C.(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE Lincolnton, S.C.(13) OCCUPATION Fanner(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Janie Higgins(15) PRESENT POSTOFFICE OF MOTHER Lincolnton(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 20

(Years)

(18) BIRTHPLACE Lincolnton(19) OCCUPATION Fanner(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1000 clock A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Little Clark

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lincolnton

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 5 1916

(28)

jas. H. Carther
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.

Fifth month of pregnancy.