

Form No. 1

(1) PLACE OF BIRTH

County of Wake

Township of Norfolk

or
Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45679

Registration District No. 910 Registered No. 4

(For use of Local Registrar)

(2) Full Name of Child Elizabeth M. Mack

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

(3) BOY OR GIRL? <u>GIRL</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 14 1911</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME <u>James Mack</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Norfolk</u>	(12) BIRTHPLACE <u>Norfolk</u>
(10) COLOR OR RACE <u>White</u>	(13) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>2</u>	

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Miss Mack</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <u>Norfolk</u>	(18) BIRTHPLACE <u>Norfolk</u>
(16) COLOR OR RACE <u>White</u>	(19) OCCUPATION <u>Farmer</u>
(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. L. Mack
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan 14 1911 (28) J. L. Sanowski Jr. Local Registrar

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

*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.