

(1) PLACE OF BIRTH

County of Durham

Township of

or

Inc. Town of

or

City of Columbia

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

(2) Full Name of Child John Benton Dyart Jr. (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH Jan. 11, 1932
(Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Benton Dyart

(9) PRESENT POSTOFFICE OF FATHER

Columbia, D.C.

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 26
(Years)

(12) BIRTHPLACE

Fenwick, N.C.

(13) OCCUPATION

Cotton buyer

(20) Number of children born to mother, including present birth

11

MOTHER.

(14) NAME BEFORE MARRIAGE

Agnes Barton

(15) PRESENT POSTOFFICE OF MOTHER

Columbia, D.C.

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 24
(Years)

(18) BIRTHPLACE

Hartford, N.C.

(19) OCCUPATION

none

(21) Number of children of this mother now living, including present birth

11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:15 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Robert S. Sisk

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Pharmacia
1512 Union St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1-15-32(28) W. H. Kern 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.