

Form No 1.

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

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

(2) Full Name of Child

(3) BOY OR
GIRL? Boy(4) Twin
or Triplet(5) Whether in
color or black(6) Age
at birth(7) Date
of birth(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to
mother, including present birth(15) NAME-BEST
RESEMBLING(16) PRESENT
POSTOFFICE
OF MOTHER(17) COLOR
OR
RACE(18) AGE AT LAST
BIRTHDAY

(19) BIRTHPLACE

(20) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

Given name added from a supplement-
tal report

Registrar

(25) Witness

(Signature of Witness necessary only
when question 22 is signed for male)

(26) Filed

(27)

When there was no attending physician or midwife, then the father, householder, etc., should make this statement. 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.

MARGIN REMOVED FOR BINDING.
WHEN PLACED, WITH UNFOLDING THIS IS A THREE-SECTION THERMOGRAPH.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the
FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 2.
Caw. of Columbia.

CERTIFICATE OF BIRTH

STATE OF NORTH CAROLINA

COUNTY OF YORK

TOWNSHIP OF

INC. TOWN OF

FILE NO. FOR BIRTH RECORD ONLY

48584

Registration District No. 1203

Registered Date 16

(For use of Local Registrar)

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