

Form No. 1.

(1) PLACE OF BIRTH

County *Charlotte*Township of *Charlotte*

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

BUREAU OF VITAL STATISTICS

Department of Health

State Board of Health

File No. — For this calendar year

48595

(2) Full Name of Child *Walter William*

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

(a) BOY OR GIRL? *Boy*

(b) Twin or triplet?

(c) Number in order of birth

(d) Age at birth

(e) DATE OF BIRTH *Oct. 2, 1913*

(Name of Month, Day, Year)

FATHER

(1) FULL NAME *Arthur William*(2) PRESENT POSTOFFICE OF FATHER *Charlotte, N.C.*(3) COLOR OR RACE *Black*(4) AGE AT LAST BIRTHDAY *43* (Years)(5) BIRTHPLACE *Charlotte, N.C.*(6) OCCUPATION *Farmer*(7) Number of children born to mother, including present birth *10*

MOTHER

(1) NAME BEFORE MARRIAGE *Patsy*(2) PRESENT POSTOFFICE OF MOTHER *Charlotte, N.C.*(3) COLOR OR RACE *Black*(4) AGE AT LAST BIRTHDAY *32* (Years)(5) BIRTHPLACE *Charlotte, N.C.*(6) OCCUPATION *Work on Farm*(7) Number of children of this mother now living, including present birth *9*

CERTIFICATE OF APPOINTING FATHER OR MOTHER

(22) I hereby certify that I submitted the birth of this child, who was *born* *7, 1913* on the date above stated.(23) Signature of *Walter William*(24) Address of *Charlotte, N.C.*(25) Address of *Charlotte, N.C.**Walter William*
Walter William
*Walter William**Walter William*
Walter William
Walter William