

(1) PLACE OF BIRTH

County of CherokeeTownship of Cherokee

In, Town of

City of Cherokee

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

CERTIFICATE OF BIRTH

STATE OF NORTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1000Registration No. 4

(For use of Local Registrar)

(2) Full Name of Child Roy Bolin

If child is not yet named, enter appropriate remark in this space

(a) SEX <u>Boy</u>	(b) Age at Birth <u>1</u>	(c) Number in order of birth <u>1</u>	(d) Date of Birth <u>Feb 25 1923</u>
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FATHER		MOTHER	
(1a) NAME <u>Robert Earl Bolin</u>	(1b) NAME <u>Arta Manning</u>	(1c) NAME <u>Myrna</u>	(1d) NAME <u>22</u>

(1e) COLOR <u>White</u>	(1f) AGE AT LAST BIRTHDAY <u>24</u>	(1g) COLOR <u>White</u>	(1h) AGE AT LAST BIRTHDAY <u>22</u>
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(1i) BIRTHPLACE <u>North Carolina</u>	(1j) BIRTHPLACE <u>Cherokee Co. N.C.</u>
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(1k) OCCUPATION <u>Farmer</u>	(1l) OCCUPATION <u>Housewife</u>
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(1m) Number of children of this mother now living, including present child <u>1</u>

SIGNATURE OF ATTENDING PHYSICIAN OR MIDWIFE	
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(1n) I hereby certify that I attended the birth of this child, who was <u>born</u> on the date above stated.	(1o) Date above stated <u>Feb 25 1923</u>
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(1p) (Signature) <u>W. H. Hester</u>	(1q) Address of Physician or Midwife <u>Physician, Cherokee County, N.C.</u>
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(1r) Witness <u>W. H. Hester</u>	(1s) Address of Witness <u>Cherokee County, N.C.</u>
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(1t) Date <u>Mar 7 1923</u>	(1u) Local Registrar <u>W. H. Hester</u>
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