

(1) PLACE OF BIRTH

County of Cape FearTownship of Wilmington

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

Registration District No. 106

File No.—For State Registrar Only

84

Registered No. 6

(For use of Local Registrar)

(2) Full Name of Child

Laurie Corley

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

(3) SEX OF CHILD Girl(4) Twin or Triplet
To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Age of mother at birth of child 29(7) DATE OF BIRTH Jan 31, 23
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Corley(9) PRESENT OCCUPATION OF FATHER Salesman(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 33
(Year)(12) BIRTHPLACE Id(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 17

MOTHER.

(15) NAME BEFORE MARRIAGE Clara Curry(16) PRESENT OCCUPATION OF MOTHER Salesman(17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 34
(Year)(19) BIRTHPLACE Id(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White on the date above stated.
(Born alive or stillborn) (How A. M. or P. M.)(23) (Signature) Dr. J. H. Corley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Wilmington, N.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 31, 23 (28) 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.