

Form No. 1.

(1) PLACE OF BIRTH
 County of York Co.
 Township of Brook River
 or
 Inc. Town of
 or
 City of (No.)
 (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

File No. — For State Registration Only
50785

Registration District No. 4402 Registered No. 11
 (For use of Local Registrar)

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> <small>It is assumed only in cases of twins or triplets.</small>	(5) Are Parents Married? <u>Yes</u>	(6) DATE OF BIRTH <u>Feb. 8, 1911</u> <small>(Name of Month) (Day) (Year)</small>
(8) FULL NAME <u>Ed Childers</u>		(9) NAME BEFORE MARRIAGE <u>Ed Childers</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Hickory Grove</u>		(9) PRESENT POSTOFFICE OF MOTHER <u>Hickory Grove</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>	(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>
(12) BIRTHPLACE <u>York Co.</u>		(12) BIRTHPLACE <u>York Co.</u>	
(13) OCCUPATION <u>Farm</u>		(13) OCCUPATION <u>Housekeeper</u>	
(14) Number of children born to mother, including present birth { <u>2</u>		(14) Number of children of this mother now living, including present birth { <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive 11:00 A.M. Feb. 8, 1911
 on the date above stated.

(23) (Signature) Mary Ellen Jones
 (24) State, whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hickory Grove #1

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary when question 22 is signed by mother)
M. E. Jones

(27) Filed 1166 (28) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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 RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.

McCaw, of Columbia