

(1) PLACE OF BIRTH

County of BeaufortTownship of D

Inc. Town of

City of Beaufort

(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. 6A

No. for this Register

34813

Registered No. 42

(For use of Local Registrar)

(No. 119 Congress St.; Ward)(2) Full Name of Child Jamie Small If child is not yet named, make supplemental report as directed(a) BOY OR GIRL girl(b) Twin or Triplet No(c) Number in order of birth 1(d) Is child named yes(e) DATE OF BIRTH Mar. 3, 1923

(Month and Day) (Year)

FATHER.

(a) FULL NAME William Small(b) PRESENT POSTOFFICE OF FATHER Beaufort(c) COLOR OR RACE white(d) AGE AT LAST BIRTHDAY 33 (Years)(e) BIRTHPLACE Beaufort(f) OCCUPATION tinner(g) Number of children born to mother, including present birth 2

MOTHER.

(a) NAME BEFORE MARRIAGE Helen Hayward(b) PRESENT POSTOFFICE OF MOTHER Beaufort(c) COLOR OR RACE white(d) AGE AT LAST BIRTHDAY 24 (Years)(e) BIRTHPLACE Beaufort(f) OCCUPATION house work(g) Number of children of this mother now living, including present birth 1

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. (Born alive or stillborn) (Hour, P. M., or P. M.)(23) (Signature) Mary J. Small(24) State whether Physician or Midwife Physician or Midwife

(25) Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is asked by Registrar)

(27) Filed Mar. 3, 1923 (28) Registrar

When there was no attending physician or midwife, then the father, householder, etc., should report. If a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.