

Form No. 1

(1) PLACE OF BIRTH

County of DurhamTownship of Manning

or

Inc. Town of

or

City of

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Emmanuel Williams (If child not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>5th Sept. 1922</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Weatherford Williams</u>	(14) NAME BEFORE MARRIAGE <u>Pearl</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Edison R-3</u>	

(9) PRESENT POSTOFFICE OF FATHER <u>Edison R-3</u>	(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>45</u> (Year)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>48</u> (Year)
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(12) BIRTHPLACE <u>Robinson Co. N.C.</u>	(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>Robinson Co. N.C.</u>	(19) OCCUPATION <u>House work</u>
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(20) Number of children born to mother, including present birth <u>14</u>	(21) Number of children of this mother now living, including present birth <u>11</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>Emmanuel Manning</u>	(24) State whether Physician or Midwife <u>Midwife</u>	(25) Address of Physician or Midwife <u>Edison R-3</u>
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Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
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..... 19	(27) Filed <u>Oct 23 1922</u>	(28) <u>B. Williams</u> Local Registrar
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*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.