

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town ofor  
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 NORTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

59666

Registration District No. 15-11

Registered No.

(For use of Local Registrar)

## (2) Full Name of Child Etta Erwin

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

(3) BOY OR GIRL? girl

(4) Twin or triplet?

Is he averaged with in case of twins or triplets

(5) Number in order of birth

(6) Are Parents Married? no

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth

## MOTHER.

(15) NAME BEFORE MARRIAGE

(16) PRESENT POSTOFFICE OF MOTHER

(17) COLOR OR RACE

(18) AGE AT LAST BIRTHDAY

(Years)

(19) BIRTHPLACE

(20) OCCUPATION

(21) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9:00 A.M. on the date above stated. (Specify, alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Leck T. Berry

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife

Hartsville

P.P. 10

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Filed

(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 sixth month of pregnancy.

MARGIN RESERVED FOR REMARKS. WITH DETAILED REMARKS—THIS IS A PERMANENT RECORD. NO M—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 2. City of Columbia