

100-1000

PLACE OF BIRTH

City of Asheville
County of Watauga
or
Town of.....
or

CERTIFICATE OF BIRTH
STATE OF NORTH CAROLINA
Bureau of Vital Statistics
State Board of Health

FILE NO. 3406

Registration District No. 110 Registered No. 9
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Premier Akisha If child is not yet named, make supplemental report as directed

SEX Female (1) Type of Triplet No (2) Number in order of birth 1st (3) Yes (4) Yes (5) DATE OF BIRTH Feb 27 (Name of Month) (Day) (Year)

FATHER
Full Name Clare Akin
Present Residence of Father Fortlawn St.
COLOR Black (11) AGE AT LAST BIRTHDAY 37 (Year)
BIRTHPLACE Watauga Co
OCCUPATION Farmer
Number of children born to mother, including present birth 7

MOTHER
(14) MARRIED BEFORE Julia Perry
(15) PRESENT RESIDENCE OF MOTHER Fortlawn St.
(16) COLOR Black (17) AGE AT LAST BIRTHDAY 24 (Year)
(18) BIRTHPLACE Watauga Co
(19) OCCUPATION domestic
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Name of child) (Sex & M. or F.)

(23) (Signature) Rachel Perry (Name of your children) (Sex & M. or F.)
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Fortlawn St.

Given name added from a supplemental report

(26) Witness (Signature of Witness, necessary only when question 25 is answered "Yes")
(27) Date Feb 27 (28) R. T. Thompson

10 Registrar