

(1) PLACE OF BIRTH

County of LenoirTownship of St. Paul

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF NORTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

8738

Registration District No. 4202Registered No. 4
(For use of Local Registrar)(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 John Roger Briggs (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD boy (4) Type of Child Full (5) Number in order of birth 1 (6) Age at birth 23 (7) DATE OF BIRTH Feb 26 23
(Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER <u>John Briggs</u> (9) PRESENT RESIDENCE OF FATHER <u>Sedalia, Mo.</u> (10) COLOR OR RACE <u>B</u> (11) AGE AT LAST BIRTHDAY <u>38</u> (12) BIRTHPLACE <u>S. C.</u> (13) OCCUPATION <u>Farming</u> (14) Number of children born to mother, including present birth <u>5</u>		(15) NAME BEFORE MARRIAGE <u>Ethel Rice</u> (16) PRESENT RESIDENCE OF MOTHER <u>Sedalia, Mo.</u> (17) COLOR OR RACE <u>B</u> (18) AGE AT LAST BIRTHDAY <u>28</u> (19) BIRTHPLACE <u>S. C.</u> (20) OCCUPATION <u>Field Labor</u> (21) Number of children of this mother now living, including present birth <u>5</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 B. alive at 8 P. M. on the date above stated. (Born alive or stillborn) (Hour of M. or P. M.)(23) (Signature) Katherine Brooks(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Sedalia

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)

(27) 10 10 23 (28) J. C. Mobley 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 fifth month of pregnancy.