

(1) PLACE OF BIRTH

County of Jefferson
 Township of Concord
 or Town of
 or City of

CERTIFICATE OF BIRTH

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

FILE - BY STATE REGISTER OFFICE

4505

Registration District No. 3105

Registered No. 17
 (For use of Local Registrar)

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

(2) Full Name of Child James Leigh

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

3. SEX OF CHILD
 (M) Male (F) Female
 4. Type of Birth
 To be recorded only in case of Twins or Triplets

5. Age of Mother
 (M) Married (U) Unmarried

6. DATE OF BIRTH
Feb 10 1928
 (Name of Month) (Day) (Year)

PATERNAL

7. FULL NAME Leigh

8. PRESENT ADDRESS OF FATHER

9. COLOR
 10. RACE

11. AGE AT LAST BIRTHDAY

12. BIRTHPLACE

13. OCCUPATION

14. NAME BEFORE MARRIAGE

15. PRESENT ADDRESS OF MOTHER

16. COLOR
 17. RACE

18. AGE AT LAST BIRTHDAY

19. BIRTHPLACE

20. OCCUPATION

21. NAME OF PHYSICIAN OR MIDWIFE

SIGNATURE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) Name of Physician or Midwife

(25) Address of Physician or Midwife

26. Name of Registrar

27. Name of Registrar

28. Name of Registrar

29. Name of Registrar

30. Name of Registrar

31. Name of Registrar

32. Name of Registrar

33. Name of Registrar

34. Name of Registrar