

(1) PLACE OF BIRTH

County of Lexington

CERTIFICATE OF BIRTH

STATE OF NORTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

69360

Township of

In Town of Brookland

or

City of

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

Registration District No. 3101Registered No. 61

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? No(5) Number in order of birth 6(6) Are Parents Married? Yes

(7) DATE

BIRTH

June 28, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Chas. L. Wendon(9) PRESENT POSTOFFICE OF FATHER New Brookland(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE Lexington Co(13) OCCUPATION Cotton mill work(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Sighler(15) PRESENT POSTOFFICE OF MOTHER New Brookland(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 33
(Years)(18) BIRTHPLACE Lexington Co(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born Alive 3 30 a M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. R. L. Leger(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife 1929 Park St

Given name added from a supplemental report

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

(27) Filed 7/1/16 1916 (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 fifth month of pregnancy.

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