

(3) PLACE OF BIRTH:

County of

Township of

City of

State of

CERTIFICATE OF BIRTH

STATE OF NORTH CAROLINA

Department of Vital Statistics

State Board of Health

File No. For State Registrar Only

3965

Registration District No. 25-19

Registered No. 13

(For use of Local Registrar)

(No. of Ward)

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

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

2 Full Name of Child: John Raymond Martin

1. SEX
M

(4) Type of Birth?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

3. FATHER'S NAME

4. MOTHER'S NAME

5. AGE AT LAST BIRTHDAY

6. BIRTHPLACE

7. OCCUPATION

8. Number of children born to mother including present birth

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

2. I hereby certify that I attended the birth of this child, who was (born alive or stillborn) on the date above stated.

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

When name added from a supplemental report

Signature

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

7/16/23

(25)

Local Registrar

When there was no attending physician or midwife, the father, householder, etc., should make this return. If child breathes even once.

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