

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town ofor  
City of

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

## (2) Full Name of Child

(3) Sex OR

Male

(4) Twin

or Triplet?

(5) Number in

order of birth

(Is person now in care of living relative?)

(6) Are

Parents

Married?

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

(8) FULL

NAME

(9) PRESENT

POSTOFFICE

OF FATHER

(10) COLOR

OR

RACE

(11) AGE AT LAST

BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to

mother, including present birth

## FATHER.

(14) NAME BEFORE

MARRIAGE

(15) PRESENT

POSTOFFICE

OF MOTHER

(16) COLOR

OR

RACE

(17) AGE AT LAST

BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother

now living, including present birth

## MOTHER.

(21) NAME BEFORE

MARRIAGE

(22) PRESENT

POSTOFFICE

OF MOTHER

(23) COLOR

OR

RACE

(24) AGE AT LAST

BIRTHDAY

(25) BIRTHPLACE

(26) OCCUPATION

(27) Number of children of this mother

now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 a M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(28) N. N. Leawright

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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THIS NO. 1

MAILED FOR BIRTHING  
STATION, FURNISH WITH NECESSARY INFORMATION IN A PREPARED FORM  
N. N. Leawright, Local Registrar, No. 1, Main Street, N. C. 2, etc., in question 5.  
McCall, of Columbia