

(1) PLACE OF BIRTH

County of Wayne

Township of Waynesburg

or
In Town of

City of

(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 Rodney George

No. 14.—For State Register Only
14480

Registration District No. 2509 Registered No.
(For use of Local Registrar)

(3) SEX OF CHILD

(4) Type of Infant

(5) Number in Order of Birth

(6) Age of Child

(7) DATE OF BIRTH Jan 16 1923
(Specify of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Earl C. Hardce

(9) PRESENT POSTOFFICE OF FATHER

Albion NC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

28
(Years)

(12) BIRTHPLACE

Wayne County

(13) OCCUPATION

Farming

MOTHER.

(14) NAME BEFORE MARRIAGE

Litude Livingston

(15) PRESENT POSTOFFICE OF MOTHER

Albion NC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

19
(Years)

(18) BIRTHPLACE

Wayne County NC

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at Wayne County NC on the date above stated. (Born alive or stillborn) (Hour P. M. or P. M.)

(22) (Signature) Chas. R. Rhyans

(23) State whether Physician or Midwife Midwife

(24) Address of Phys. or Midwife Wayne County NC

Given name added from a supplemental report

(25) Witness

Chas. R. Rhyans
(Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed

Jan 16 1923
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.