

CERTIFICATE OF BIRTH
STATE OF NORTH CAROLINA
DEPARTMENT OF VITAL STATISTICS
State Board of Health

33032

County of Fairforest Registration District No. 4908 Registered No. _____
 (For use of Local Health Officer)
 City of _____ (No. _____) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child William Russell Martin (If child is not yet named, make proper medical report as required)

Sex M Age 2 Date of Birth Sept 6, 1923
 Place of Birth Fairforest S.C.

FATHER
 (1) Name John Landrum Martin
 (2) Address Fairforest S.C.
 (3) Age 30
 (4) Occupation P.O. Rural M. Clerk

MOTHER
 (1) Name Alma R. Lecher
 (2) Address Fairforest
 (3) Age 26
 (4) Occupation S.C.
 (5) Description at Home

(6) Number of children of this mother 2
 (7) Date of delivery of this child Sept 6, 1923

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Mark A, B, or P. N.)

(33) (Signature) A. R. Lecher
 (34) State whether Physician or Midwife Phys (35) Address of Physician or Midwife Fairforest S.C.

When name added from a supplemental report
 (36) Witness _____
 (37) Filed Oct 27, 1923 (38) Mrs. C. F. Parker

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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