

PLACE OF BIRTH

County of Monroe

Township of Monroe

or
City of Monroe

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

CERTIFICATE OF BIRTH

State of North Carolina
Bureau of Vital Statistics
State Board of Health

Registration District No. 3202 Registered No. 44121
(For use of Local Registrar)

(2) Full Name of Child James

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

(1) SEX OF CHILD Boy (2) TIME OF BIRTH 10:00 AM (3) NUMBER OF CHILD 1 (4) IS CHILD BORN ALIVE Yes (5) DATE OF BIRTH July 14, 1952

FATHER
(6) FULL NAME Chas Thomas
(7) PRESENT RESIDENCE OF FATHER Monroe S.C. #1
(8) COLOR OR RACE Negro (9) AGE AT LAST BIRTHDAY 37
(10) BIRTHPLACE Monroe S.C.
(11) OCCUPATION Farmer
(12) Number of children born to mother, including present birth 1

MOTHER
(13) FULL NAME Sarah Thomas
(14) PRESENT RESIDENCE OF MOTHER Monroe S.C. #1
(15) COLOR OR RACE Negro (16) AGE AT LAST BIRTHDAY 35
(17) BIRTHPLACE Monroe S.C.
(18) OCCUPATION Domestic
(19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (21) Signature Mary Alice Johnson (22) Date whether physician or midwife midwife (23) Address of Physician or Midwife Monroe S.C. #1

Given name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 23 is signed by mother) John H. Johnson
(25) Signature of Registrar John H. Johnson

When there was no attending physician or midwife, then the father, mother, or other person present at the birth must sign this certificate before the birth is made a report.