

Form No. 10. MARGIN RESERVED FOR INDEXING. WHITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
County of Harvey
Township of Lloyd
or
Inc. Town of _____
or
City of _____
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 2508 Registered No. 120
(For use of Local Registrar)
File No.—For State Registrar Only
43293
2) Full Name of Child William Earl Granger If child is not yet named, make supplemental report directed

(3) BOY OR GIRL <u>B</u>	(4) Twin or Triplet? <u>(0)</u>	(5) Number in order of birth _____ <small>To be completed only in case of twins or triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>11/17/16</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>W. O. Granger</u>			(14) NAME BEFORE MARRIAGE <u>Edna Floyd</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Tabor N.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Tabor N.C. R-2</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Harvey County</u>			(18) BIRTHPLACE <u>Harvey Co.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House-Wife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 11-45 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) G. S. Crum
(24) State whether Physician or Midwife. (25) Address of Physician or Midwife
Physician Tabor N.C.

Given name added from a supplemental report _____, 191____ _____ Registrar	(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Dec 5</u> 191____ (28) <u>G. S. Crum</u> Local Registrar.
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*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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