

(1) PLACE OF BIRTH

County of BertieTownship of Mill-John

Inc. Town of

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

Oliver Johnson

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

(3) SEX—OR—
GIRL(4) Twin
or Triplet?

To be answered only in case of Twin or Triplet

(5) Number in
order of birth(6) Are
Parents
Married?

(7) DATE OF

BIRTH Sept-7-22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEQuincy Johnson(9) PRESENT
POSTOFFICE
OF FATHERMacluth St(10) COLOR
OR
RACECol(11) AGE AT LAST
BIRTHDAY 25
(Years)

(12) BIRTHPLACE

Ob

(13) OCCUPATION

Farmer(20) Number of children born to
mother, including present birth14

MOTHER.

(14) NAME BEFORE
MARRIAGEOliver McIntire(15) PRESENT
POSTOFFICE
OF MOTHERMacluth St(16) COLOR
OR
RACECol(17) AGE AT LAST
BIRTHDAY 24
(Years)

(18) BIRTHPLACE

Ob

(19) OCCUPATION

Housewife(21) Number of children of this mother
now living, including present birth14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... at 9 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Caroline Mangum

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed

Oct-14-22 (28) H. C. McIntire
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.