

Form No 1.

(1) PLACE OF BIRTH

County of *Cary*

Township of *Rochester*

Inc. Town of *Rochester*

City of *Rochester*

CERTIFICATE OF BIRTH

State of *North Carolina*
County of *Cary*
Township of *Rochester*



(2) Full Name of Child *Lillie May Jones*

(a) BOY OR GIRL? <i>girl</i>	(b) Twin or triplet? <i>No</i>	(c) Number in order of birth <i>1</i>	(d) Age Female <i>40</i>	(e) DATE OF BIRTH <i>January 16, 1911</i>
FATHER.			MOTHER.	
(1) FULL NAME <i>Arthur Jones</i>			(1) NAME BEFORE MARRIAGE <i>Louise Tyler</i>	
(2) PRESENT POSTOFFICE OF FATHER <i>North S.C.</i>			(2) PRESENT POSTOFFICE OF MOTHER <i>North S.C.</i>	
(3) COLOR OR RACE <i>Colored</i>	(4) AGE AT LAST BIRTHDAY <i>24</i>	(5) COLOR OR RACE <i>Colored</i>	(6) AGE AT LAST BIRTHDAY <i>25</i>	
(7) BIRTHPLACE <i>S.C.</i>			(7) BIRTHPLACE <i>S.C.</i>	
(8) OCCUPATION <i>Farmer</i>			(8) OCCUPATION <i>Housewife</i>	
(9) Number of children born to mother, including present birth <i>1</i>			(9) Number of children of this mother now living, including present birth <i>1</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(10) I hereby certify that I attended the birth of this child, who was *alive* at *4* o'clock *P.M.* on the date above stated.

(11) (Signature) *Emeline Taylor*

(12) Address of Physician or Midwife
North S.C.

State name of child, date of birth, and sex.

Lillie May Jones, Jan 16, 1911, girl

(13) Signature of Physician or Midwife

Emeline Taylor

When made, this certificate is valid for one year from the date of birth, and shall be subject to the provisions of the Act of March 1, 1909, relating to the registration of births and deaths.