

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(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. 40-A

5188

Registration District No. 40-A

Registered No. 61

(For use of Local Registrar)

(2) Full Name of Child

Charlotte Elizabeth

If child is not yet named, make

(3) SEX OF CHILD

Boy

(4) TIME OF BIRTH

(5) NUMBER OF CHILD

1

(6) AGE OF CHILD

1 year

(7) DATE OF BIRTH

Feb. 1, 1900

(8) PLACE OF BIRTH

(9) NAME OF FATHER

(10) NAME OF MOTHER

(11) FULL NAME

Blair Mayes

(12) PRESENT RESIDENCE OF FATHER

Spartanburg S.C.

(13) COLOR OF FATHER

col

(14) AGE AT BIRTH

40

(15) BIRTHPLACE

Spartanville S.C.

(16) OCCUPATION

Public Transport

(17) Number of children born to mother, including present birth

2

(18) FULL NAME

Maggie Williams

(19) PRESENT RESIDENCE OF MOTHER

Spartanburg S.C.

(20) COLOR OF MOTHER

col

(21) AGE AT LAST BIRTH

38

(22) BIRTHPLACE

Spartanville S.C.

(23) OCCUPATION

Domestic

(24) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(25) I hereby certify that I attended the birth of this child, who was ... *alive* ... at *9:00 am* ... on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)

(26) (Signature)

Sarah Smith

(27) State whether Physician or Midwife

(28) Address of Physician or Midwife

Given name added from a supplemental report

(29) Witness

Leda Smith & Rosa Williams

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

(30) Filed

3-1-00

When there was no attending physician or midwife, then the father, housewife, or other person, if a child breathes even once, it must not be reported as stillborn. If a child breathes even once, it must be reported as born alive. The birth must be reported before the fifth month of age.