

File No.—For State Registrar Only

41854

Registration District No. 404... Registered No. 10...
(For use of Local Registrar)

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(No. St.; Ward

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

(2) Full Name of Child Dan white Jr

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

3) BOY OR GIRL? <i>boy</i>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth <i>3</i>	6) Are Parents Married? <i>yes</i>	7) DATE OF BIRTH. <i>Dec</i> <i>30</i>19 <i>22</i> (Name of Month) (Day) (Year)
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FATHER

MOTHER.

(8) FULL NAME Dan White Jr

(14) NAME BEFORE MARRIAGE Norma Scott

9) PRESENT POSTOFFICE OF FATHER *Asheboro N.C*

(15) PRESENT POSTOFFICE OF MOTHER *Ashepool N.C.*

(10) COLOR OR RACE *Cafard* (11) AGE AT LAST BIRTHDAY *27* (Years)

(16) COLOR OR RACE *Colord* (17) AGE AT LAST BIRTHDAY *26*
(Years)

12) BIRTHPLACE
Heils X road S.C.

(18) BIRTHPLACE *Asheboro N.C.*

(13) OCCUPATION
Common laborer

(19) OCCUPATION house wife

(2) Number of children born to mother, including present birth 13

(21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(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 male)

(27) Filed Jan 1943 (28) 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.