

1 PLACE OF BIRTH

County

Township

or
Townor
City

Registration District No.

North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

148

CERTIFICATE OF BIRTH

Certificate No.

2 FULL NAME OF CHILD

3 Boy
Girl4 Twin, triplet,
or other?
(To be answered only in event of plural births)5 Number in order
of birth6 Parents
married?7 Date of
birth

(Name of Month)

(Day)

19 (Year)

8 FULL
NAME

FATHER

14 NAME
BEFORE
MARRIAGE

MOTHER

9 POSTOFFICE
ADDRESS15 POSTOFFICE
ADDRESS

10 COLOR

11 AGE AT LAST
BIRTHDAY

(Years)

16 COLOR

17 AGE AT LAST
BIRTHDAY

(Years)

12 BIRTHPLACE

18 BIRTHPLACE

13 OCCUPATION

19 OCCUPATION

20 Number of children born to this mother, including present birth

21 Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22 I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

at 10 A.M.

(Hour, a. m. or p. m.)

on the date above stated.

23 (Signature)

(State whether physician or midwife)

24 P. O.

Given name added from supplemental report

25 Witness

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

26 Filed

June 21, 1927

Local Registrar

Registrar

28 P. O.

*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.