

1 PLACE OF BIRTH

North Carolina State Board of Health
BUREAU OF VITAL STATISTICS

955

CERTIFICATE OF BIRTH

Registration District No. 827015

Certificate No. 1

(No. _____)
(If birth occurs in hospital, or other institution, give name of same instead of street number) St. _____ Ward _____

2 FULL NAME OF CHILD Mattie Ida Jacob

3 Sex Girl 4 Twin, triplet, or other? _____ 5 Number in order of birth _____ 6 Parents married? yes 7 Date of birth Dec. 3 1917
(Name of Month) (Day) (Year)

FATHER

8 FULL NAME Robin Jacob

9 POSTOFFICE ADDRESS Clinton N.C.

10 COLOR Indian Colored 11 AGE AT LAST BIRTHDAY 37
(Years)

12 BIRTHPLACE Sampson Co

13 OCCUPATION Farmur

MOTHER

14 NAME BEFORE MARRIAGE Minnie Lee Jacobs

15 POSTOFFICE ADDRESS Clinton N.C.

16 COLOR Indian Colored 17 AGE AT LAST BIRTHDAY 37
(Years)

18 BIRTHPLACE Sampson

19 OCCUPATION House wife

20 Number of children born to this mother, including present birth 9 21 Number of children of this mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22 I hereby certify that I attended the birth of this child, who was Born alive at 2 a.m. on the date above stated.
(Born alive or stillborn) (Hour, a. m. or p. m.)

23 (Signature) Gus Smith midwife
(State whether physician or midwife)

24 P. O. Clinton N.C.

25 Witness Robin Jacob
(Signature of witness necessary only when 23 is signed by mark)

Given name added from supplemental report

26 Filed Jan 17 1918 27 L. H. Best Local Registrar
Clinton N.C.

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 is reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

472

Amended

1 PLACE OF BIRTH

Lantern
Herrings

Registration District No. *82-71105*

Certificate No. *3*

Dovie Lee
(If birth occurs in hospital, or other institution, give name of same instead of street number)

Julie Bee Jones

2 SEX

girl

4 Twin, triplet, or other? (To be answered only in event of plural births)

5 Number in order of birth

6 Parents married? *yes*

7 Date of birth *Dec 29*, 19*19*
(Name of Month) (Day) (Year)

FATHER

10 NAME *John Allen Jones*

11 POSTOFFICE ADDRESS *Clinton N.C.*

12 COLOR *Indian*

13 BIRTHPLACE *N.C.*

14 OCCUPATION *Farmer*

15 Number of children born to this mother, including present birth *1*

MOTHER

14 NAME BEFORE MARRIAGE *Loubertha Lubert Breckington*

15 POSTOFFICE ADDRESS *Clinton N.C.*

16 COLOR *Indian*

17 BIRTHPLACE *N.C.*

18 OCCUPATION *H.W.*

19 Number of children of this mother now living *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22 I hereby certify that I attended the birth of this child, who was *alive* (Born alive or stillborn) at *3 P.M.* on the date above stated. (Hour, a. m. or p. m.)

23 (Signature) *Romela Melvin* (midwife)
(State whether physician or midwife)

24 P. O. *Clinton N.C.*

Given name added from supplemental report

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

Amended 9-11, 1984

26 Filed *Jan 10*, 19*20*, 27 *Estel Doya* Local Registrar

Registrar

28 P. O. *Huntley*

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must be reported as a live birth. No report is desired of stillbirths before the fifth month of pregnancy.

North Carolina State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

495

1 PLACE OF BIRTH

County Sampson
Township Griggs

Registration District No. 82.7005

Certificate No. 26

or
Town
or
City (If birth occurs in hospital, or other institution, give name of same instead of street number)

2 FULL NAME OF CHILD

Sarah Alice Maynor

3 Sex
Girl

4 Twin, triplet, or other?
(To be answered only in event of plural births)

5 Number in order of birth
(In event of plural births)

6 Parents married? yes

7 Date of birth
(Name of Month) May (Day) 20 (Year) 1920

FATHER

8 FULL NAME Ratha Maynor

9 POSTOFFICE ADDRESS Clinton N.C.

10 COLOR red 11 AGE AT LAST BIRTHDAY 21 (Years)

12 BIRTHPLACE Hornet Co

13 OCCUPATION Farmer

14 Number of children born to this mother, including present birth. 1

MOTHER

14 NAME BEFORE MARRIAGE 2nd Anna Goodman

15 POSTOFFICE ADDRESS Clinton N.C.

16 COLOR red 17 AGE AT LAST BIRTHDAY 20 (Years)

18 BIRTHPLACE Sampson Co

19 OCCUPATION Housewife

20 Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22 I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4:30 P.M. on the date above stated.

23 (Signature) D. J. Parker M.D. (State whether physician or midwife)

24 P. O. Clinton N.C.

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

26 Filed May 30, 1920, 27 Estel Royal (Signature)

28 P. O. Huntley N.C.

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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

North Carolina State Board of Health
BUREAU OF VITAL STATISTICS

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STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH—
County Simpson Co
Township Deerwings
City Highland

2. FULL NAME OF CHILD Rock Hartman

3. Sex M

4. Twin, triplait, or other ✓

5. Number, in order of birth ✓

6. Premature ✓
Full term ✓

7. Are parents married? Yes

8. Date of birth March 31, 1934
(Month, day, year)

9. Residence (usual place of abode)
(If non-resident, give place and State) Clinton N.C.

10. Color or race 2

11. Birthplace (city or place)
(State or country) Simpson Co. N.C.

12. Age at last birthday 42 (years)

13. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Farmer

14. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

15. Date (month and year) last engaged in this work 19

16. Total time (years) spent in this work 8

17. Color or race 2

18. Birthplace (city or place)
(State or country) Harnett Co. N.C.

19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Domestic

20. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Domestic

21. Date (month and year) last engaged in this work 19

22. Total time (years) spent in this work 3

23. Number of children of this mother (At time of this birth and including this child) 3

24. If stillborn, period of gestation months or weeks

25. Cause of stillbirth Born alive

26. (a) Born alive and now living 8
(b) Born alive but now dead 3
(c) Stillborn 0

27. Before labor 3
During labor 0

28. I hereby certify that I attended the birth of this child, who was Born alive
(Born alive or stillborn)

29. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(Signed) W. J. Sammons at 7:45 p.m. on the date above stated.
or Clinton N.C.
Address 4-3- 1934
Filed 4-3- 1934

30. WHEN THERE WAS NO ATTENDING PHYSICIAN OR MIDWIFE, THEN THE FATHER, HOUSEHOLDER, ETC., SHOULD MAKE THIS RETURN.
(Date of) 4-3- 1934
REGISTRAR.

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Deceased
Cumberland Co.
2001

North Carolina State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

I. PLACE OF BIRTH:

(a) County Sampson
(b) Township Dismal
(c) City or town Dodum N.C.
(d) Street, hospital or institution _____
(e) Is place of birth within town limits? no

Registration District No. 82-00 Certificate No. 4

2. HOME (USUAL RESIDENCE) OF MOTHER:

(a) State N.C. (b) County Sampson
(c) City or town Dodum
(d) Street and No. or RFD 1 Box 83
(e) Is place of residence within town limits? _____

FULL NAME OF CHILD

Wille Junior Burnett

If child is not yet
make supplement

Sex male 5. Twin or triplet _____ If so—born 1st, 2nd, or 3rd _____ 6. Month of pregnancy 5th 7. Is mother married? yes 8. Date of birth Aug 9 month day

FATHER OF CHILD

Full name Woodrow Burnett
Color or race Croatan INDIAN 11. Age at time of this birth 28 yrs.
Birthplace Sampson Co. N.C.
(City, town or county) (State or foreign country)
Usual occupation farmer
Industry or business _____

MOTHER OF CHILD

15. Full Maiden Name Ester Ammons
16. Color or race Croatan INDIAN 17. Age at time of this birth _____
18. Birthplace Sampson Co. N.C.
(City, town or county) (State or foreign country)
19. Usual occupation house wife
20. Industry or business _____

Children born to this mother (not including this birth): 4
How many other children of this mother are now living? 3
How many other children were born alive but are now dead? 1
How many children were born dead? 0

22. Mother's mailing address for registration notice:

Dodum N.C.
Route 1

Was the blood of this child's mother tested for syphilis (a) During pregnancy? yes Date not dated
At delivery? no (c) If no test was made state reason therefor _____

I hereby certify that I attended the birth of this child who was born alive at the hour of 3 P. M. on the date above stated
Information given was furnished by Woodrow Burnett related to the child as father

Date on which given name added Amended 10-27, 1981
By _____ Registrar

Attendant's own signature Mrs. Rosa L. Day Date signed Aug 11
M.D., midwife, or other _____
Address Antyville N.C.
Witness to signature Mrs. John C. Day When signed by mark _____

Filed Aug 14 19 42 Mrs. Jas. Kinton Anty
Registrar's own signature

North Carolina State Board of Health
BUREAU OF VITAL STATISTICS

Deceased
Cumberland Co. 193

CERTIFICATE OF BIRTH

| | | | |
|--|---|--|----------------------------------|
| 1. PLACE OF BIRTH: County <u>Sampson</u> Township <u>Dismal</u> City or town <u>Goslin N.C. R # 1.</u> Street, hospital or institution _____ Place of birth within town limits? <u>No</u> | | Registration District No. <u>82-00</u> Certificate No. <u>3</u> | |
| 2. HOME (USUAL RESIDENCE) OF MOTHER: (a) State <u>N.C.</u> (b) County <u>Sampson</u> (c) City or town <u>Goslin</u> (d) Street and No. or RFD <u># 1</u> (e) Is place of residence within town limits? <u>No</u> | | | |
| 3. FULL NAME OF CHILD <u>Evelynne Daines Rosie Lee GOINS</u> <small>If child is not yet named, make supplemental report.</small> | | | |
| 4. Sex <u>Female</u> | 5. Twin or triplet <u>No</u> If so—born 1st, 2nd, or 3rd _____ | 6. Month of pregnancy <u>9th</u> | 7. Is mother married? <u>yes</u> |
| 8. Date of birth <u>Jan 2</u> 19 <u>42</u> month, day, year | | | |
| 9. FATHER OF CHILD Full name <u>Roy Daines GOINS</u> Color or race <u>Croftan</u> Birthplace <u>Moore Co. N.C.</u> (City, town or county) (State or foreign country) Usual occupation _____ Industry or business _____ | | 10. MOTHER OF CHILD Full Maiden Name <u>Louie Ammons</u> Color or race <u>Croftan</u> Birthplace <u>Sampson Co. N.C.</u> (City, town or county) (State or foreign country) Usual occupation <u>House wife</u> Industry or business _____ | |
| 11. Age at time of this birth <u>30</u> yrs. | | 12. Mother's mailing address for registration notice: <u>Mrs. Roy Ammons</u> <u>Goslin N.C.</u> <u>Route 1</u> | |
| 13. How many other children of this mother (not including this birth): <u>2</u> 14. How many other children of this mother are now living? <u>2</u> 15. How many other children were born alive but are now dead? <u>0</u> 16. How many children were born dead? <u>0</u> | | 17. Age at time of this birth <u>28</u> yrs. 18. Usual occupation _____ 19. Industry or business _____ | |
| 17. Was the blood of this child's mother tested for syphilis (a) During pregnancy? <u>yes</u> Date <u>July 12</u> 19 <u>41</u> (c) If no test was made state reason therefor <u>no physician</u> | | | |
| 18. I hereby certify that I attended the birth of this child who was born alive at the hour of <u>10 P.</u> M. on the date above stated and that the information given was furnished by <u>Roy Daines</u> , related to the child as <u>Father</u> | | | |
| 19. Name of which given name added <u>Amended 7-30, 1986</u> | | Attendant's own signature <u>Mrs. Rose L Taylor</u> M.D., midwife, or other <u>midwife</u> Date signed <u>Jan 12, 1942</u> Address <u>Antyville N.C. Route 2</u> Witness to signature <u>Mrs. John C Taylor</u> When signed by mark _____ | |
| Registrar's own signature <u>Mrs. Jas. Norton Anty</u> | | | |

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North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH:

(a) County Sampson
 (b) Township Dismal
 (c) City or town Hodges N.C. P.I.
 (d) Street, hospital or institution _____
 (e) Is place of birth within town limits? no

Registration District No. 82-00 Certificate No. _____

2. HOME (USUAL RESIDENCE) OF MOTHER:

(a) State N.C. (b) County Sampson
 (c) City or town Hodges
 (d) Street and No. or RFD 1
 (e) Is place of residence within town limits? no

3. FULL NAME OF CHILD

Bobby S. Chance

4. Sex male 5. Twin or triplet _____ If so—born 1st, 2nd, or 3rd _____ 6. Month of pregnancy 4th 7. Is mother married? yes 8. Date of birth March month, day _____

FATHER OF CHILD

9. Full name Andrew B. Chance
 10. Color or race Caucasian 11. Age at time of this birth 41 yrs.
 12. Birthplace Stewart Creek N.C.
 (City, town or county) (State or foreign country)
 13. Usual occupation _____
 14. Industry or business _____

MOTHER OF CHILD

15. Full maiden name Zula Chance
 16. Color or race Caucasian 17. Age at time of this birth _____
 18. Birthplace Anderson Creek
 (City, town or county) (State or foreign country)
 19. Usual occupation House wife
 20. Industry or business _____

21. Children born to this mother (not including this birth):

(a) How many other children of this mother are now living? 7
 (b) How many other children were born alive but are now dead? 1
 (c) How many children were born dead? 0

22. Mother's mailing address for registration notices:

Hodges
N.C.
Route 1

23. Was the blood of this child's mother tested for syphilis (a) During pregnancy? yes Date Nov. 1941
 (b) At delivery? no (c) If no test was made state reason therefor no physician

24. I hereby certify that I attended the birth of this child who was born alive at the hour of 11 p. M. on the date of March 14, 1942
 the information given was furnished by A. B. Chance, related to the child as Father

25. Date on which given name added _____, 19____

By _____ Registrar

Attendant's own signature Mrs. Rosa L. ...M.D., midwife, or other midwife date signed March 14, 1942Address Antiochville N.C.Witness to signature Mrs. John C. ... When signed by _____

26. Mar. 14, 1942 Mrs. Jas. Hinton Antioch
 Registrar's own signature