

North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH—Sampson Registration District No. 82-7002 Certificate No. 31
 County Dismond or Village _____
 Township _____
 City _____ No. _____
 (If birth occurred in a hospital or institution, give its name instead of street and number)
 2. FULL NAME OF CHILD Evelyn E. Emanuel (If child is not yet named, give supplemental report, as directed)

3. Sex F 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
 6. Premature _____ Full term _____ 7. Legitimate? yes 8. Date of birth June 10 (Month, day, year)

9. Full name Walter Emanuel FATHER
 10. Residence (usual place of abode) Cooper N.C.
 (If non-resident, give place and State)
 11. Color or race Caucasian Age at last birthday 37 (years)
 12. Birthplace (city or place) N.C.
 (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
 16. Date (month and year) last engaged in this work _____ 19____
 17. Total time (years) spent in this work _____

18. Full maiden name Annie Brewington MOTHER
 19. Residence (usual place of abode) Cooper N.C.
 (If non-resident, give place and State)
 20. Color or race Caucasian Age at last birthday 25 (years)
 21. Birthplace (city or place) N.C.
 (State or country)
 22. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 23. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
 24. Date (month and year) last engaged in this work _____ 19____
 25. Total time (years) spent in this work _____

26. Number of children of this mother (At time of this birth and including this child) 4 (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____
 27. If stillborn, period of gestation _____ months or weeks _____ 28. Cause of stillbirth _____
 Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

WHEN THERE WAS NO ATTENDING PHYSICIAN OR MIDWIFE, THEN THE FATHER, HOUSEHOLDER, ETC., SHOULD MAKE THIS RETURN.

Given name added from a supplemental report _____ (Date of) _____

(Signed) Posie Taylor
 or Annie Miller
 Address 6/18 1932 Daisy Creek
 Filed _____