

North Carolina State Board of Health
BUREAU OF VITAL STATISTICS

195

STANDARD CERTIFICATE OF BIRTH

State File No. 17
Registered No. SL-6087

1. PLACE OF BIRTH
County Rutherford State N. C.
Township Coal Springs or Village _____
City Forest City No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME OF CHILD

Curry Watkins
3. Sex Male 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ 7. Legitimate? yes 8. Date of birth Feb. 23, 1930
(Month, day, year)

9. Full name A. C. Watkins FATHER

18. Full maiden name Louis Lipscomb MOTHER

10. Residence (usual place of abode) Forest City N.C.
(If non-resident, give place and State)

19. Residence (usual place of abode) Forest City N.C.
(If non-resident, give place and State)

11. Color or race Black 12. Age at last birthday 44 (Years)

20. Color or race BLACK 21. Age at last birthday _____ (Years)

13. Birthplace (city or place) N.C.
(State or country)

22. Birthplace (city or place) N.C.
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hammering

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife

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

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

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 13 (b) Born alive but now dead 4 (c) Stillborn 1

28. If stillborn, period of gestation _____ months or weeks 29. 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 Aline at 5 P.M. on the date above stated.
(Born alive or stillborn)

{ WHEN THERE WAS NO ATTENDING PHYSICIAN OR MIDWIFE, THEN THE FATHER, HOUSE-HOLDER, ETC., SHOULD MAKE THIS RETURN. }

(Signed) Dr. C. H. Verner M. D.

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

or _____ Midwife

Address Forest City, N.C.
Filed March 10, 1930 Geo. H. Bradley

REGISTRAR.

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case of more than one child at a birth, a SEPARATE RETURN must be made for number of each, in order of birth, stated.