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B. V. S.-Form 14

North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH BOOK 53 PAGE 1576

1. PLACE OF BIRTH

County Orange

Township Cedar Grove

or Town

Registration District No. 68-5900

Certificate No. 57

or City (If birth occurs in hospital, or institution, give name of same instead of street number.) St. Ward

2 FULL NAME OF CHILD Dovie Elizabeth Pittard

3 Boy or Girl	4 Twin, triplet, or other? (To be answered only in event of plural births)	5. Number in order of birth	6 Parents married?	7 Date of birth (Name of Month) (Day) (Year)
girl			yes	July 7 1916

FATHER	MOTHER
8 FULL NAME: John Lockhart Pittard	14 NAME BEFORE MARRIAGE: Bessie Catherine Frederick
9 POSTOFFICE ADDRESS: Prospect Hill, N. C.	15 POSTOFFICE ADDRESS: Prospect Hill, N. C.
10 COLOR: White; 11 AGE AT LAST BIRTHDAY: 30 (Years)	16 COLOR: White; 17 AGE AT LAST BIRTHDAY: 24 (Years)
12 BIRTHPLACE: Orange Co., N. C.	18 BIRTHPLACE: Person Co., N. C.
13 OCCUPATION: Farmer	19 OCCUPATION: Housewife
20 Number of children born to this mother, including present birth: 1	21 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 9:15 a. m. (Hour, a. m. or p. m.) on the date above stated.

23. (Signature) /s/ R. F. Warren, M.D. (State whether physician or midwife)

24 P. O. Prospect Hill, N. C.

Given name added from supplemental report

January 7, 1971

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

26. Filed July 7, 16 27. Mrs. C. M. Hughes Local Registrar

MARGIN RESERVED FOR BINDING

ITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

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