

RECORD OF BIRTH

STATE OF TENNESSEE
DEPT. OF PUBLIC HEALTH
DIV. OF VITAL STATISTICS

FILE NUMBER
27109

OCCURRING PRIOR TO 1914

CERTIFICATES CONTAINING ALTERATIONS OR CORRECTIONS WILL NOT BE ACCEPTED

1. FULL NAME Robert Edgar Norwood
2. PLACE OF BIRTH: County Carroll CITY OR TOWN (Rural) CIVIL DISTRICT 18
3. DATE OF BIRTH Jan. 15th 1 892 4. SEX Male 5. COLOR White
6. WERE PARENTS MARRIED Yes (YES OR NO) 7. THIS WAS THE 1st CHILD OF THE MOTHER (FIRST, SECOND, ETC.)
- | | | | |
|--------|--------------------------------------------|--------|-------------------------------------------|
| FATHER | 6. FULL NAME <u>William Wesley Norwood</u> | MOTHER | 8. MAIDEN NAME <u>Florence Boyd</u> |
| | 7. BIRTHPLACE <u>Carroll County Tenn.</u> | | 9. BIRTHPLACE <u>Carroll County Tenn.</u> |

THIS SPACE TO BE USED ONLY BY CIRCUIT COURT JUDGE OR DISTRICT ATTORNEY GENERAL. IF ONLY DOCUMENTARY EVIDENCE IS USED AT LEAST TWO SUCH ORIGINAL DOCUMENTS MUST BE PRESENTED AND LISTED.

AFFIDAVIT OF ATTENDANT AT BIRTH

STATE OF _____ } SS.
COUNTY OF _____ }
I HEREBY CERTIFY, ON OATH, THAT I WAS THE ATTENDANT AT THE BIRTH OF

AND THAT THE FACTS STATED IN THE CERTIFICATE ATTACHED HERETO ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE _____

ADDRESS _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 19 _____

MY COMMISSION EXPIRES _____ 19 _____ (SEAL)

I HAVE EXAMINED THE SUPPORTING EVIDENCE OF THIS CLAIM, FIND IT VALID, AND RECOMMEND THE RECORD BE ACCEPTED FOR FILING IN ACCORDANCE WITH THE LAWS OF THE STATE OF TENNESSEE.

SIGNED P. A. Cider Clark Clark

(SEAL) _____
CIRCUIT COURT JUDGE
DISTRICT ATTORNEY GENERAL

ADDRESS Huntingdon DATE Jan. 7, 1941
CLERK AND REGISTER

STATE REGISTRAR

DATE FILED

JAN 8 - 1941

D. C. PETERSON, M. D.

TO BE USED ONLY FOR BIRTHS OCCURRING PRIOR TO JAN. 1, 1914.

FORM 133-B

NOTE CAREFULLY

WRITE PLAINLY USE INK THIS IS A PERMANENT LEGAL RECORD
CHECK ALL STATEMENTS — NO CORRECTIONS WILL BE MADE AFTER FILING

1/14/41 - P 48445 - James R. L. ...

THIS IS A LEGAL DOCUMENT. CERTIFICATION TO FALSE OR UNKNOWN FACTS IS PUNISHABLE BY FINE. SIGNATURE OF THE ACTUAL ATTENDANT AT BIRTH SHOULD BE OBTAINED IF POSSIBLE. AFFIDAVIT IS REQUIRED OF THE ATTENDANT.

CERTIFICATION BY OTHERS MUST BE MADE BY AFFIDAVIT, USING FORMS BELOW. ALL INFORMATION REQUIRED IN THE AFFIDAVITS MUST BE COMPLETE.

1. STATE OF Tennessee }
COUNTY OF Carroll } SS.

I HEREBY CERTIFY, ON OATH, THAT I AM AT PRESENT 63 YEARS OF AGE, AND THAT I HAD ACTUAL KNOWLEDGE OF THE FACTS AS STATED IN THIS RECORD OF BIRTH AT THE TIME THE BIRTH OCCURRED, AND KNOW THEM TO BE TRUE; AND THAT I AM RELATED TO THIS PERSON AS Cousin

SIGNATURE D. L. Ralis
PRESENT ADDRESS Buena Vista Tenn. RFD

SUBSCRIBED TO, AND SWORN BEFORE ME THIS 7th DAY OF January 19 41

SEAL

MY COMMISSION EXPIRES

Mary Tamm NOTARY PUBLIC
MY COMMISSION EXPIRES APRIL 24, 1944

2. STATE OF Tennessee }
COUNTY OF Carroll } SS.

I HEREBY CERTIFY, ON OATH, THAT I AM AT PRESENT 75 YEARS OF AGE, AND THAT I HAD ACTUAL KNOWLEDGE OF THE FACTS AS STATED IN THIS RECORD OF BIRTH AT THE TIME THE BIRTH OCCURRED, AND KNOW THEM TO BE TRUE; AND THAT I AM NOT RELATED TO THIS PERSON.

SIGNATURE J. M. ^{King} Harris witness Maud Smith
PRESENT ADDRESS ^{near} Huntingdon Tenn. Rfd

SUBSCRIBED TO, AND SWORN BEFORE ME THIS 7th DAY OF January 19 41

SEAL

MY COMMISSION EXPIRES

Mary Tamm NOTARY PUBLIC
MY COMMISSION EXPIRES APRIL 24, 1944