

Form No. 1

## (1) PLACE OF BIRTH

County of SpokaneTownship of Frederickor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4006 Registered No. 15920  
(For use of Local Registrar)

St. .... Ward)

(No. .... of same instead of street and number.)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Wm. Ernest Hall If child is not yet named, make supplemental report as directed3 SEX OR GIRL Boy 4 Twin or Triplet No 5 Number in order of birth 1st 6 Are Parents Married Yes 7 DATE OF BIRTH 5 8 23  
(Name of Month) (Day) (Year)8 FULL NAME Arthur (X) Doe 9 PRESENT POSTOFFICE OF FATHER 700 1/2 S.E. 10 COLOR OR RACE White 11 AGE AT LAST BIRTHDAY 32 12 BIRTHPLACE N.C. 13 OCCUPATION Lab. Org.14 NAME BEFORE MARRIAGE Georgie Berry 15 PRESENT POSTOFFICE OF MOTHER 700 1/2 S.E. 16 COLOR OR RACE White 17 AGE AT LAST BIRTHDAY 33 18 BIRTHPLACE S.C. 19 OCCUPATION Housewife20 Number of children born to mother, including present birth 3 21 Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 7 P. M. on the date above stated.(23) (Signature) W. E. Hall (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Frederick, S.C.

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 10 23 (28) W. E. Hall Local 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 not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy