

Form No. 1

## (1) PLACE OF BIRTH

County of HighlandTownship of Center

OF

Inc. Town of .....

OF

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

18980

Registration District No. 3801 Registered No. 442  
(For use of Local Registrar)(No. .... St. .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Jessie Potter (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>8</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 8, 1923</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Marshall Potter

(9) PRESENT POSTOFFICE OF FATHER Center S.C.

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 40  
(Year)

(12) BIRTHPLACE Richland S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 8

**MOTHER.**

(14) NAME BEFORE MARRIAGE Maya Wilson

(15) PRESENT POSTOFFICE OF MOTHER Center S.C.

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 35  
(Year)

(18) BIRTHPLACE Richland S.C.

(19) OCCUPATION House Wife

(21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive Sign.  
on the date above stated. (Born alive or stillborn) (Your A. M. or P. M.)(23) (Signature) Lizzie B. Miller(24) State whether Physician or Midwife (25) Address of Physician or Midwife Center S.C.

(Given name added from a supplemental report)

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

(27) Filed June 11, 1923 (28) A. B. C. Miller  
Registrar 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.