

Form No. 1

(1) PLACE OF BIRTH

County of York
 Township of Centerville
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 108

FILE NO. - IN THE BUREAU OF
3052

Registered No. 19
 (For use of Local Registrar)

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

(2) Full Name of Child Caroline Alice

If child is not yet named, make
 supplemental report as directed

(3) SEX OF CHILD Female (4) Type of Birth Normal (5) Number of Births of this Child 1 (6) Date of Birth Feb 9 1923
 (Name of Month) (Day) (Year)

FATHER: (7) FULL NAME Frank H. H. H. (8) MARRIAGE Married

(9) PRESENT RESIDENCE OF FATHER Centerville (10) PRESENT RESIDENCE OF MOTHER Centerville

(11) COLOR White (12) AGE AT LAST BIRTHDAY 23 (13) BIRTHPLACE Centerville (14) OCCUPATION Teacher

(15) NUMBER OF CHILDREN OF THIS MOTHER 1 (16) NUMBER OF CHILDREN OF THIS FATHER 1

(17) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (Born alive or stillborn) Hour 11 M. or P. M.)

(18) (Signature) Midwife (19) State whether Physician or Midwife Midwife (20) Address of Physician or Midwife Centerville

(21) Witness Mrs. H. H. H. (22) Signature of Witness Mrs. H. H. H. (23) Date Feb 12 1923

(24) When filed Feb 12 1923

(25) If a child is born dead, make supplemental report as directed

(26) When filed Feb 12 1923

(27) If a child is born dead, make supplemental report as directed