

Form No. 1

## (1) PLACE OF BIRTH

County of Murphy  
 Township of C. C. C. C. C.  
 or  
 Inc. Town of Westminster  
 or  
 City of Westminster

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**22017**

Registration District No. 5505 Registered No. 97  
 (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 Arla Poal If child is not yet named, make supplemental report as directed

1) BOY OR GIRL Girl 2) Twin or Triplet No 3) Number in order of birth 110 4) Are Parents Married No 5) DATE OF BIRTH July 4, 1923  
 (Name of Month) (Day) (Year)

## FATHER.

6) FULL NAME Ann Sitten  
 7) PRESENT POSTOFFICE OF FATHER Westminster  
 8) COLOR OR RACE White 9) AGE AT LAST BIRTHDAY 35  
 10) BIRTHPLACE Germany  
 11) OCCUPATION Farmer  
 12) Number of children born to mother, including present birth 1

## MOTHER.

13) NAME BEFORE MARRIAGE Nellie Poal  
 14) PRESENT POSTOFFICE OF MOTHER Westminster S.C.  
 15) COLOR OR RACE White 16) AGE AT LAST BIRTHDAY 15  
 17) BIRTHPLACE Germany  
 18) OCCUPATION Housewife  
 19) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(23) I hereby certify that I attended the birth of this child, who was Alive at 4 P.M.  
 on the date above stated. (Dead or stillborn) (Hour A.M. or P.M.)

(24) (Signature) H. P. Jones

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Given name added from a supplement-  
 al report

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

(28) Date July 5, 1923 (29) H. P. Jones 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.