

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 910 B

Registered No.
(For use of Local Registrar)

31513

(2) Full Name of Child

(a) SEX OR
CHILD(c) Twin
or Triplet(b) Number in
order of birth(d) Are
Twin
Marked(e) DATE OF
BIRTH

(Name of Month) (Day) (Year)

(a) FULL
NAME(c) PRESENT
RESIDENCE
OF FATHER(b) COLOR
OR
RACE

(d) BIRTHPLACE

(e) OCCUPATION

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

FATHER.

J. C. Stroble

Osborne

(11) AGE AT LAST
BIRTHDAY

Dorchester Co. S.C.

Farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was
on the date above stated.

(21) (Signature)

(22) State whether Physician or Midwife

(23) Address of Physic. or Midwife

Given name added from a supplement-
al report

(24) Witness

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

(25) Signed Oct 9 1923

(26) 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.