

Form No. 1

(1) PLACE OF BIRTH

County of OrangeburgTownship of New Hope

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3612 Registered No. 42

File No. — For State Registrar Only

18733

(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 Jerry Faust (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 order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 4 1973</u> (Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Frank Faust</u>	(14) NAME BEFORE MARRIAGE <u>Ada Jamison</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Rousesville, SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Rousesville</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>60</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)
(12) BIRTHPLACE <u>Orangeburg Co</u>	(18) BIRTHPLACE <u>Orangeburg Co</u>	(13) OCCUPATION <u>Farm Laborer</u>	(19) OCCUPATION <u>Farm Laborer</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 5 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Burke Rhoads(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Rousesville, SC

Given name added from a supplemental report

(25) Witness W. J. Hanthorn
(Signature of Witness necessary only when question 23 is signed by mark)(26) Filed 4/7/73 (27) 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.

A K S A F E T Y A F I L