

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

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

(2) Full Name of Child

File No.—For State Registrar Only
17040

Registration District No.

Registered No.
(For use of Local Registrar)

(3) SEX OR CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 10 1923
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Miller Mack
(9) PRESENT POSTOFFICE OF FATHER Martin Point
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21 (Year)
(12) BIRTHPLACE Isabel, S.C.
(13) OCCUPATION Labour
(14) Number of children born to mother, including present birth 3

MOTHER.
(15) NAME BEFORE MARRIAGE Marie Robinson
(16) PRESENT POSTOFFICE OF MOTHER Martin Point
(17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 12 (Year)
(19) BIRTHPLACE Isabel, S.C.
(20) OCCUPATION House Wife
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 10 1923(28) Ch. H. Nelson

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.

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 4.

Bureau of Census, Columbia, S. C.

S-A-F-E-T-Y