

Form No. 1

(1) PLACE OF BIRTH

County of Anderson

Township of

or

Inc. Town of Williamston

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

33109

Registration District No.

Registered No. 46
(For use of Local Registrar)(No. 314)

St.; Ward)

(2) Full Name of Child

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

3) BOY OR GIRL

boy

4) Twin or Triplet?

To be answered only in case of Twins or Triplets

5) Number in order of birth

6) Are Parents Married?

yes

7) DATE OF BIRTH

Sept 17, 22
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

John Gustine

9) PRESENT POSTOFFICE OF FATHER

Plyer RFD

10) COLOR OR RACE

White

11) AGE AT LAST BIRTHDAY

23
(Years)

12) BIRTHPLACE

Anderson County

13) OCCUPATION

Farmer

MOTHER.

14) NAME BEFORE MARRIAGE

Annie Hunter

15) PRESENT POSTOFFICE OF MOTHER

Plyer RFD

16) COLOR OR RACE

White

17) AGE AT LAST BIRTHDAY

19
(Years)

18) BIRTHPLACE

Anderson County

19) OCCUPATION

Domestic

20) Number of children born to mother, including present birth

one

21) Number of children of this mother now living, including present birth

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at A.M.,
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 Nov 14, 22(28) J. B. Hunter
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 BINDING.
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 5.

MCGRAW-HILL, COLUMBIA, N. Y.