

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

File No.—For State Registrar Only

17591

Registration District No. 2.07A

Registered No. 19.0...
(For use of Local Registrar)

(No. 412 Mc 2... 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

Benjamin Mifflin

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH (8) Name of Month (9) Day (10) Year

FATHER.

(1) FULL NAME Benjamin Mifflin

(2) PRESENT POSTOFFICE OF FATHER Florence, S. C.

(3) COLOR OR RACE Negro (4) AGE AT LAST BIRTHDAY 23 (Year)

(5) BIRTHPLACE

(6) OCCUPATION

(7) Number of children born to mother, including present birth 3

MOTHER.

(1) NAME BEFORE MARRIAGE Mary Mifflin

(2) PRESENT POSTOFFICE OF MOTHER Florence, S. C.

(3) COLOR OR RACE Negro (4) AGE AT LAST BIRTHDAY 21 (Year)

(5) BIRTHPLACE Florence, S. C.

(6) OCCUPATION

(7) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature)

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Given name added from a supplemental report

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

(28) Filed June 12, 1923. (29) P. H. Bushaw, 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.