

Form No. 1

(1) PLACE OF BIRTH

County of Chapin
Township of Appling
OF
Inc. Town of
OF
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

24293

Registration District No. Registered No.
(For use of Local Registrar)

(No. 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 Louise Upson

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

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 18, 1919
(Name of Month) (Day) (Year)

FATHER. Upson
(8) FULL NAME Charles Upson
(9) PRESENT POSTOFFICE OF FATHER Clinton S. C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 49 (Year)
(12) BIRTHPLACE Chapin County
(13) OCCUPATION Farmer

MOTHER.
(14) NAME BEFORE MARRIAGE Esther Harris
(15) PRESENT POSTOFFICE OF MOTHER Clinton S. C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 41 (Year)
(18) BIRTHPLACE Chapin County
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) P. J. Smith (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Clinton S. C.

Given name added from a supplemental report

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

12/17/19 19 ..
Registrar

(27) Filed 12/17/19 (28) 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.