

Form No. 1

## (1) PLACE OF BIRTH

County of Auderson  
 Township of Williams Co.  
 or  
 Inc. Town of Millerton S.C.  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only  
**44371**

Registration District No. 3-C Registered No. 14  
 (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 Arthur North Jr If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Boy (4) Twin or Triplet  
 To be answered only in case of Twin or Triplet  
 (5) Age at Birth 3y (6) DATE OF BIRTH Dec 28 24  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Arthur North</u>	(10) NAME BEFORE MARRIAGE <u>Julia Jordan</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Millerton S.C.</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Millerton S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>35</u>	(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>35</u>
(12) BIRTHPLACE <u>S.C.</u>	(12) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Labour</u>	(13) OCCUPATION <u>Domestic</u>
(14) Number of children born to mother, including present birth <u>4</u>	(14) Number of children of this mother now living, including present birth <u>2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... Alive ... at 9 am M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. W. North

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Millerton S.C.

Given name added from a supplement-  
 al report

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

(27) Filed 14 .. 1924 .. (28) Lillian Small  
 Registrar 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.  
 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 1.