

Form No. 1

(1) PLACE OF BIRTH

County of Suitor.....Township of Privateer...

Inc. Town of.....

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

Registration District No. 4104

File No. - For State Registrar Only

12178Registered No. 24
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Ollie Pugh

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>-----</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>-----</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Apr. 24-23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Benjamin Pugh(9) PRESENT POSTOFFICE OF FATHER Tindal, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 40
(Years)(12) BIRTHPLACE Suitor Co. S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth Nine

MOTHER.

(14) NAME BEFORE MARRIAGE Alice Ludd(15) PRESENT POSTOFFICE OF MOTHER Tindal, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 34
(Years)(18) BIRTHPLACE Clarendon Co. S.C.(19) OCCUPATION House and Field Work.(21) Number of children of this mother now living, including present birth Nine

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 1:15 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Harold Gardner (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Tindal, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) 5-3-1923
(27) Filed 19 (28) Local Registrar G. Gardner

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.