

Form No. 1

(1) PLACE OF BIRTH

County of Dillon
Township of Threshon
or
Inc. Town of.....
or
City of.....

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

File No.—For State Registrar Only
42100

Registration District No. 1613 Registered No. 193
(For use of Local Registrar)

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

(2) Full Name of Child Copper Daye If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH 12/30-23
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Mark Johnson
(9) PRESENT POSTOFFICE OF FATHER Nichols, S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE Dillon, Co. S.C.
(13) OCCUPATION Farm
(20) Number of children born to mother, including present birth Four

MOTHER.
(14) NAME BEFORE MARRIAGE Lucy Page
(15) PRESENT POSTOFFICE OF MOTHER Nichols, S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 37 (Years)
(18) BIRTHPLACE Dillon Co. S.C.
(19) OCCUPATION Peeland
(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 A.M., on the date above stated. (Be alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Arthur W. Hatcher
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Nichols, S.C.

Given name added from a supplemental report

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

(27) Filed 1-5-23 (28) Local Registrar CR Hayes

*When there was no attending physician or midwife, then the father, householder, etc., should sign and file. If a child breathes even once, it must not be reported as stillborn. No report is required or admitted before the fifth month of pregnancy.

Form No. 1
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.