

THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE SEPARATE BLANKS FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 5.

(1) PLACE OF BIRTH

County of Piscataway
Township of 1
or
Inc. Town of 1
or
City of 1

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

No. 1a.—For State Registrar Only
1885

Registration District No. 37.06 Registered No. 6.7
(For use of Local Registrar)

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

(2) Full Name of Child

John W. 1st

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

(3) BOY OR GIRL 1 (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 6, 1883
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Henry W. 1st
(9) PRESENT POSTOFFICE OF FATHER Piscataway S.C.
(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 40
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 1

MOTHER.
(15) NAME BEFORE MARRIAGE Louise W. 1st
(16) PRESENT POSTOFFICE OF MOTHER Piscataway S.C.
(17) COLOR OR RACE W. (18) AGE AT LAST BIRTHDAY 35
(19) BIRTHPLACE N.C.
(20) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:15 P. M. on the date above stated.
(Born alive or stillborn) (Hour) (Min.) (P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(27) Filed 10 (28) Local Registrar [Signature]

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.