

Form No. 1

(1) PLACE OF BIRTH

County of Clemenden
 Township of St. James
 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

3489

Registration District No. 1309 Registered No. 5
 (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 Emmie Marion If child is not yet named, make supplemental report as directed

(3) SEX Female (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age 2 (7) DATE OF BIRTH Feb 7, 23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Frank Marion
 (9) PRESENT POSTOFFICE OF FATHER Davis St. or
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 22
 (12) BIRTHPLACE Clemenden S
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER
 (14) NAME BEFORE MARRIAGE Sarah Marion
 (15) PRESENT POSTOFFICE OF MOTHER Davis St. or
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 20
 (18) BIRTHPLACE Clemenden S
 (19) OCCUPATION Home & French
 (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 Emmie at 59 M., on the date above stated. (Both alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Bullard
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Davis St. or

Given name added from a supplemental report

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

(27) Filed Feb 28, 23 (28) H. E. Riddley
 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.

Section of Columbia, Columbia, S. C. Publication No. 1 THE OTHER, No. 2, etc., in question 5