

Form No. 1

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

File No.—For State Registrar Only

28968

(1) PLACE OF BIRTH

County of BarnwellTownship of Spring

or

Inc. Town of Spring

or

City of SpringRegistration District No. 7Registered No. 178
(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 na

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

10-12-2
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mr. J. H. J. J. J.(9) PRESENT POSTOFFICE OF FATHER Spring(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 31
(Years)(12) BIRTHPLACE Barnwell Co. S.C.(13) OCCUPATION Teacher(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Miss O. J. J.(15) PRESENT POSTOFFICE OF MOTHER Spring(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE Barnwell Co. S.C.(19) OCCUPATION Housewife(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 White at 7:30 P. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) John W. J. J.(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Barnwell S.C.

Given name added from a supplemental report

na
7/11
Registrar

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

(27) Filed 10 (28) 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, AND MARK THE
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and question 5.
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.