

MARGIN RESERVED FOR BINDING.  
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. H.—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.

Form No. 1

(1) PLACE OF BIRTH

County of 7. Fairview  
 Township of Frederick  
 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

35078

Registration District No. 209 Registered No. ....  
 (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 Alice Peak If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 10 1914  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Charlie Peak</u>	(14) NAME BEFORE MARRIAGE <u>May Brantam</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Blaney St</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Blaney</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>39</u> (Years)
(12) BIRTHPLACE <u>St</u>	(18) BIRTHPLACE <u>St</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House helper</u>
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was, Alice at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Potter  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Blaney

Given name added from a supplemental report  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Oct 31 1914 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.

MEGAN OF COLUMBIA, COLUMBIA, S. C.