

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

36407

Registration District No.

Registered No. 174  
(For use of Local Registrar)

(No. .... St.; .... Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Oct 21, 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Bert Ebleen

(9) PRESENT POSTOFFICE OF FATHER

Inman S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY 39  
(Year)

(12) BIRTHPLACE

Ohio

(13) OCCUPATION

Cement Worker

(20) Number of children born to mother, including present birth

1 2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Maud McCarter

(15) PRESENT POSTOFFICE OF MOTHER

Inman S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY 37  
(Year)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

1 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Oct 23, 22

(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.