

FORM NO. 1

## (1) PLACE OF BIRTH

County of BerkleyTownship of St. Jamesor  
In Town of St. Jamesor  
City of St. James

(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. 1938Registration District No. 101 Registered No. 4

(For use of Local Registrar)

## (2) Full Name of Child

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

(6) SEX OF CHILD <u>Male</u>	(8) Type of Triplet? <u>No</u>	(9) Number in order of birth <u>1</u>	(10) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 9 1938</u> (Month) (Day) (Year)
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## FATHER

(11) FULL NAME W. H. Hight(12) PRESENT POSTOFFICE OF FATHER St. James(13) COLOR OR RACE White (14) AGE AT LAST BIRTHDAY 35 (Years)(15) BIRTHPLACE St. James(16) OCCUPATION Farmer(17) Number of children born to mother, including present birth 1

## MOTHER

(18) NAME BEFORE MARRIAGE Jessie B. Hight(19) PRESENT POSTOFFICE OF MOTHER St. James(20) COLOR OR RACE White (21) AGE AT LAST BIRTHDAY 38 (Years)(22) BIRTHPLACE Berkley(23) OCCUPATION House keeper(24) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(25) I hereby certify that I attended the birth of this child, who was White, on Jan 9, 1938, at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(26) (Signature) H. H. Hight

(27) State whether Physician or Midwife (28) Address of Physician or Midwife

Midwife St. James

Give name added from a supplemental report

(29) WITNESS (Signature of Witness necessary only when question 25 is signed by mark)

(30) When Mar 1, 1938 (31) J. H. Hight

When there was no attending physician or midwife, have the father, householder, etc., sign and state that a child breathes even once; it must not be reported as stillborn. No record is made of such cases.