

Form No. 1

(1) PLACE OF BIRTH

County of ColumbiaTownship of Springfield

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

5616

Registration District No.

Registered No. 12

(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 Beatrice Frances

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 Mar 15 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel S. S. S.(9) PRESENT POSTOFFICE OF FATHER Springfield(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Teacher(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Beatrice S. S.(15) PRESENT POSTOFFICE OF MOTHER Springfield(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Teacher(20) 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 at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Beatrice S. S.

(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 Mar 16 1923 (28) Beatrice S. S.

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.

REMAIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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 3.