

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

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 Use: 121 Only

36073

Registration District No. 3701

Registered No.

(For use of Local Registrar)

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

(2) Full Name of Child

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

(3) BOY OR GIRL Boy	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Sex Yes	(7) DATE OF BIRTH Oct 20, 1912 (Name of Month) (Day) (Year)
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FATHER

MOTHER

(8) FULL NAME Sam Hendrix	(9) PRESENT POSTOFFICE OF FATHER Easley	(10) COLOR OR RACE White	(11) AGE AT LAST BIRTHDAY 47 (Year)	(12) BIRTHPLACE S.C.	(13) OCCUPATION Farming	(14) NAME BEFORE MARRIAGE Cornie Hendrix	(15) PRESENT POSTOFFICE OF MOTHER Easley	(16) COLOR OR RACE White	(17) AGE AT LAST BIRTHDAY 34 (Year)	(18) BIRTHPLACE S.C.	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 5						(21) Number of children of this mother now living, including present birth 5					

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)

(24) State whether Physician or Midwife

Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Nov 10, 1912 (28) N. M. Omer 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.

MARGIN 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 FIRSTBORN, No. 1, THE OTHER, No. 2, etc., in question 5.

MEDICAL COLUMBIA, COLUMBIA, S. C.