

Form No. 1

## (1) PLACE OF BIRTH

County of Clarendon  
 Township of Santee  
 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

29726

Registration District No. 1313 Registered No. 57  
 (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 No Name (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 25 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Fulton Brock  
 (9) PRESENT POSTOFFICE OF FATHER Harwood SC  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28  
 (Year) (12) BIRTHPLACE Clarendon Co  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Mack  
 (15) PRESENT POSTOFFICE OF MOTHER Harwood SC  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21  
 (Year) (18) BIRTHPLACE Clarendon Co  
 (19) OCCUPATION Housewife  
 (20) Number of children born to mother, including present birth Two  
 (21) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8:30 A. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Adriana C. C. C.(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Manning St

Given name added from a supplement-  
 tal report

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

(27) Filed Sept 25 22 (28) J. White 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.