

Form No. 1

(1) PLACE OF BIRTH

County of RichTownship of 2or
Inc. Town of 2or
City of 2

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

(2) Full Name of Child George Cornelius(3) BOY OR
GIRL Boy(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married Yes(7) DATE OF
BIRTH Oct 6 22

(Name of Month) (Day) (Year)

(8) FULL
NAME FATHER(9) PRESENT
POSTOFFICE
OF FATHER Rich S.C.(10) COLOR
OR
RACE W.(11) AGE AT LAST
BIRTHDAY 22

(Years)

(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to
mother, including present birth 1(14) NAME BEFORE
MARRIAGE Mrs. Porter(15) PRESENT
POSTOFFICE
OF MOTHER Rich S.C.(16) COLOR
OR
RACE W.(17) AGE AT LAST
BIRTHDAY 20

(Years)

(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) 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 alive
on the date above stated. (born alive or stillborn) (M., M., or P. M.)(23) (Signature) Porter(24) State whether Physician or Midwife PhysicianGiven name added from a supplement
report

(26) Witness

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

(27) Filed

(28)

19
Registrar

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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of HealthRegistration District No. 3209

File No. — For State Registrar Only

36106

Registered No. 105
(For use of Local Registrar)St. 2 Ward 2If child is not yet named, make
supplemental report as directedN. 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 5.

McGraw-Hill, Columbia, S. C.