

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

## (2) Full Name of Child

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec. 18, 22

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

Harry Ancrum

(9) PRESENT POSTOFFICE OF FATHER

New York City

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

30 1/2

(12) BIRTHPLACE

South Carolina

(13) OCCUPATION

Porter

(20) Number of children born to mother, including present birth

2

## MOTHER

(14) NAME BEFORE MARRIAGE

Rebecca

(15) PRESENT POSTOFFICE OF MOTHER

Frogmore S.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

26

(18) BIRTHPLACE

South Carolina

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

Janie Fielder Frogmore S.C.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

J. King

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

(27) Filed

1. 27. 22

(28)

J. B. Thayer

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.

THIS IS A PERMANENT RECORD.  
 FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.

RECEIVED OF COLUMBIA, S. C.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

41040

Registration District No. 604

Registered No. 197

(For use of Local Registrar)

(No. .... St.; .... Ward)

## (2) Full Name of Child James Ancrum

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

Yes

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(Name of Month) (Day) (Year)

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