

Form No. 1

(1) PLACE OF BIRTH

County of Georgetown  
 Township of St. James  
 Inc. Town of .....  
 City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 3931 — For State Registrar Only

Registration District No. 2103

Registered No. 28  
 (For use of Local Registrar)

(2) Full Name of Child William Pool  
 (No. ... Ward)  
 If birth occurs in a hospital or other institution, give name of same instead of street and number

1. SEX OR AGE  
Male  
 2. Date of Birth  
Feb 22, 1928  
 3. Number in order of birth  
90  
 To be answered only in event of Twins or Triplets

FATHER  
 4. Full Name John Charles Pool  
 5. Present Residence of Father Georgetown SC  
 6. Color or Race White  
 7. Age at last birthday 24  
 8. Birthplace Georgetown SC  
 9. Occupation Farmer

MOTHER  
 10. Name before marriage Jenny Moody  
 11. Present Residence of Mother Georgetown SC  
 12. Color or Race White  
 13. Age at last birthday 23  
 14. Birthplace Georgetown Conf SC  
 15. Occupation Domestic  
 16. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
 (17) I hereby certify that I attended the birth of this child, who was born alive at 10 PM on the date above stated.  
 (18) Signature K. White  
 (19) State whether Physician or Midwife  
 (20) Address of Physician or Midwife Georgetown SC

Given name added from a supplementary report  
 (21) Witness W. J. Fair  
 (22) Local Registrar

When there was no physician or midwife present, the father, householder, etc., should make this return. If a child breathes even once, it shall be considered as stillborn. No report is desired of stillbirths before the 10th month of pregnancy.