

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 Registrar Only

24051

Registration District No. 1311

Registered No. 42
(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

Francis Ober

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

(3) BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth

(6) Sex

(7) DATE OF BIRTH

May 5 23
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Floyd Ober

(9) PRESENT POSTOFFICE OF FATHER

Munster, Pa.

(10) COLOR OR RACE

Blk

(11) AGE AT LAST BIRTHDAY

? (Years)

(12) BIRTHPLACE

?

(13) OCCUPATION

Laborer

MOTHER

(14) NAME BEFORE MARRIAGE

Lucia Johnson

(15) PRESENT POSTOFFICE OF MOTHER

H. B. Co. Pa.

(16) COLOR OR RACE

Blk

(17) AGE AT LAST BIRTHDAY

26 (Years)

(18) BIRTHPLACE

Crescent Co. Pa.

(19) OCCUPATION

Housewife

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

Physician or Midwife

Given name added from a supplemental report

(24) Witness

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

(25) Filed

May 10 23

(26) Local 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.