

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19464

Registration District No. 4704 Registered No. 37
(For use of Local Registrar)If child is not yet named, make
supplemental report as directed(3) BOY OR
GIRL

By

(4) Twin
or Triplet

To be answered only in event of Twin or Triplet

(5) Number in
order of birth(6) Are
Parents
Married?

No

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

Sam McLean

(9) PRESENT
POSTOFFICE
OF FATHER

Honeyway P.C.

(10) COLOR
OR
RACECal (11) AGE AT LAST
BIRTHDAY 28 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

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

1

MOTHER.

(14) NAME BEFORE
MARRIAGE

Phemie Waterson

(15) PRESENT
POSTOFFICE
OF MOTHER

Honeyway P.C.

(16) COLOR
OR
RACE

Cul

(17) AGE AT LAST
BIRTHDAY 16 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farm hand

(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 at P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

M. L. Galt

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Honeyway P.C.

Given name added from a supplement-
al report

(26) Witness

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

(27) Filed

5/21/23

(28)

Local Registrar

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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.