

## (1) PLACE OF BIRTH

County of ChesterTownship of Rosevilleor  
Inc. Town of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

756

Registration District No. 1107 Registered No. 8

(For use of Local Registrar)

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

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

(3) ~~Boy or Girl?~~  
Cirl? Girl

(4) Twin or Triplet?

to be answered only in case of twins or triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

J. L. Christie

(9) PRESENT POSTOFFICE OF FATHER

Great Falls

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

20 (Years)

(12) BIRTHPLACE

Rutherford Co. N.C.

(13) OCCUPATION

mill operator

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

12

## MOTHER

(14) NAME BEFORE MARRIAGE

Carrie Knight

(15) PRESENT POSTOFFICE OF MOTHER

Great Falls

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23 (Years)

(18) BIRTHPLACE

Lancaster Co. S.C.

(19) OCCUPATION

Domestic

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

12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

7/141922

(28)

R. L. Thomsen

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. \* a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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.

FORM NO. 1—IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE CHILD, WITH OTT ADDING IN—THIS IS A PERMANENT RECORD.

McGraw, of Columbia