

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

Registration District No.

File No.—For State Registrar Only

40322

Registered No.
(For use of Local Registrar)(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

Gilbert M. Colbough

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

No

(7) DATE OF BIRTH

July 15, 22
(Name of Month) (Day) (Year)

(8) FULL NAME

Allin M. Colbough

(9) PRESENT POSTOFFICE OF FATHER

Tid. S.C.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

30
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(14) NAME BEFORE MARRIAGE

Eudell M. Colbough

(15) PRESENT POSTOFFICE OF MOTHER

Tid. S.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

18
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

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

1

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

none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 15, 22

(28)

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.