

Form 1

(1) PLACE OF BIRTH

County of Berkley
 Township of St. Stephens
 or
 Inc. Town of
 or
 City of

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

No. For State Registrar Only
3030

Registration District No. 70.6 Registered No. 101.....
 (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

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

(3) SEX OR CHILD Boy (4) Type of Child To be reported only to count of Type or Type (5) Number in order of birth yes (6) Age of Child 23 (7) Date of Birth Feb 4 (8) (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(9) FULL NAME E. E. Synnham
 (10) PRESENT POSTOFFICE OF FATHER Born canal
 (11) COLOR OR RACE white (12) AGE AT LAST CERTIFICATE 30 (Year)
 (13) BIRTHPLACE Berkley Co.
 (14) OCCUPATION Farm
 (15) Number of children born to mother, including present birth 3

(16) NAME BEFORE MARRIAGE Ethel Curry
 (17) PRESENT POSTOFFICE OF MOTHER Born canal B.C.
 (18) COLOR OR RACE white (19) AGE AT LAST CERTIFICATE 24 (Year)
 (20) BIRTHPLACE Berkley Co.
 (21) OCCUPATION House work
 (22) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature) J. A. Fisher (25) State whether Physician or Midwife (26) Address of Physician or Midwife

Payson peno pale, S.C.

Given name added from a supplemental report

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

(28) Date Feb 28 (29) J. J. G. G. G.

When there was no attending physician or midwife, then the father, householder, or other person, if a child breathes even once, it must not be reported as stillborn. No report is needed of child before the fifth month of pregnancy.