

Form No. 1

## (1) PLACE OF BIRTH

County of BeaufortTownship of Burton

or

Inc. Town of Burton

or

City of Burton

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29001

Registration District No. 600 Registered No. 82

(For use of Local Registrar)

(No.        St.;        Ward)(2) Full Name of Child Samuel Peoples

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

(3) BOY OR GIRL BOY

(4) Twin or Triplet?

(5) Number in order of birth 2nd(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Sept. 10th 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Sam Peoples(9) PRESENT POSTOFFICE OF FATHER Burton(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 21  
(Years)(12) BIRTHPLACE Same Plantation at Royal Is. and(13) OCCUPATION Field hand

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

two

## MOTHER.

(14) NAME BEFORE MARRIAGE Maybelle Burns(15) PRESENT POSTOFFICE OF MOTHER Burton S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 18  
(Years)(18) BIRTHPLACE Whet Plant. Port Royal Island(19) OCCUPATION Field hand

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

one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was at 2 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rachel X McKnight

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Garland Rice  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept. 10th 1922 (28) H. H. Brand 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.

MAINTAIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.