

Form No. 1

(1) PLACE OF BIRTH

County of BeaufortTownship of North

Inc. Town of _____

or

City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

13720

Registration District No. 403Registered No. 30

(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 Miller Childs

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

(3) BOY OR GIRL? _____

(4) Twin or Triplet? _____

(5) Number in order of birth _____

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

5 23 22

(Name of Month) (Day) (Year)

To be answered only in event of Twin or Triplets

FATHER.

(8) FULL NAME Leon Childs(9) PRESENT POSTOFFICE OF FATHER Wilmington 8 C

(10) COLOR OR RACE _____

(11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE Wilmington Co

(13) OCCUPATION _____

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Beth Layton(15) PRESENT POSTOFFICE OF MOTHER Branchville S C(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 35
(Years)(18) BIRTHPLACE Branchville Co(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. Stokes

(24) State whether Physician or Midwife _____

(25) Address of Physician or Midwife Wilmington S C

Given name added from a supplemental report _____

(26) Witness _____

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

19 _____
Registrar(27) Filed 6/2 19 22(28) J. P. Smart
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.