

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) 191

## FATHER.

(8) FULL NAME

Dan Peterkin

(9) PRESENT POSTOFFICE OF FATHER

Brownsville SC

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

30 (Years)

(12) BIRTHPLACE

Marlboro Co SC

(13) OCCUPATION

Farm Laborer

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

One

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lavinia Bradford

(15) PRESENT POSTOFFICE OF MOTHER

Brownsville SC

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

21 (Years)

(18) BIRTHPLACE

Marlboro Co SC

(19) OCCUPATION

Farm Laborer

(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 Alive at 11 9 A.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature)

H. H. Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife | Brownsville SC

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

191

(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.

MARGIN 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.

McGraw, of Columbia.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

73909

Registered No. 143 (For use of Local Registrar)

Registration District No. 3301