

Form No. 1

## (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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43093

Registration District No. 2701 Registered No. 257

(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 17 22

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Daniel Pogue

(9) PRESENT POSTOFFICE OF FATHER

Cander

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

4-0

(12) BIRTHPLACE

St. farming

(13) OCCUPATION

## MOTHER.

(14) NAME BEFORE MARRIAGE

Eler Pogue

(15) PRESENT POSTOFFICE OF MOTHER

Cander

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

3-4

(18) BIRTHPLACE

St. farming

(19) OCCUPATION

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

1-6

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

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

L. H. Richardson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 20 22

(28)

R. H. Wilson

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.

WRITING 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.

McCRAW OF COLUMBIA, COLUMBIA, S. C.