

Form No. 1.

(1) PLACE OF BIRTH  
**TIMMONSVILLE, S. C.** **CERTIFICATE OF BIRTH**  
 County of .....

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

File No.—For State Registrar Only

42873

Township of .....  
 Int. Town of .....  
 or .....  
 City of .....

Registration District No. 7015

Registered No. 126  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (2) Full Name of Child **Hattie Alfred**

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

(3) SEX OR GENDER **Female** (4) Twin or triplet? **No** (5) Number in order of birth **1** (6) Age of child at birth **8** (7) DATE OF BIRTH **Aug 8**  
 (Name of Month) (Day) (Year)

FATHER: (8) Full Name **Charlie Alfred** (9) PRESENT POSTOFFICE OF FATHER **TIMMONSVILLE, S. C.**

(10) COLOR OR RACE **Negro** (11) AGE AT LAST BIRTHDAY **39** (12) BIRTHPLACE **SC** (13) OCCUPATION **Farming**

(14) Full Name **Maec** (15) PRESENT POSTOFFICE OF MOTHER **TIMMONSVILLE, S. C.** (16) COLOR OR RACE **Negro** (17) AGE AT LAST BIRTHDAY **37** (18) BIRTHPLACE **SC** (19) OCCUPATION **Domestic**

(20) Number of children born to mother, including present birth **9** (21) Number of children of this mother now living, including present birth **8**

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **born** at **3:20 a** on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **L. W. Jacobs** (24) State whether Physician or Midwife **Midwife** Address of Physician or Midwife **TIMMONSVILLE, S. C.**

Given name added from a supplemental report

(25) Witness **A. S. Jones** (Signature of Witness necessary only when question 23 is signed by midwife)(26) Filed **191** (27) **A. S. Jones** (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.

Law, of Columbia