

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(No. St. Ward)

(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

Registration District No. 28

No. for this register

30915

Registered No. 125

(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OF CHILD

(4) Type of Triplet

(5) Number in order of birth

(6) Sex of Father

(7) Sex of Mother

Boy

To be covered only in case of Triplets

1

Male

Female

(8) FATHER'S NAME

FATHER

Raymond Renee

(9) MOTHER'S NAME

MOTHER

Vera Rose

(10) PRESENT RESIDENCE OF FATHER

PEPPER ST

(11) PRESENT RESIDENCE OF MOTHER

PEPPER ST

(12) COLOR OF FATHER

(13) COLOR OF MOTHER

(14) COLOR OF FATHER

White

(15) COLOR OF MOTHER

White

(16) BIRTHPLACE OF FATHER

(17) BIRTHPLACE OF MOTHER

(18) BIRTHPLACE OF FATHER

SC

(19) BIRTHPLACE OF MOTHER

N.C.

(20) OCCUPATION OF FATHER

(21) OCCUPATION OF MOTHER

(22) OCCUPATION OF FATHER

mill work

(23) OCCUPATION OF MOTHER

Domestic

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

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

(26) I hereby certify that I attended the birth of this child, who was

on the date above stated.

(27) Signature of Physician or Midwife

(28) Address of Physician or Midwife

(29) Address of Physician or Midwife

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(32) Address of Physician or Midwife

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(210) Address of Physician or Midwife

MARGIN RESERVED FOR BINDER.

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

It is to be used of TUBES OR TRIPLETTS AND A SEPARATE BLANK FOR EACH CHILD, and must be

POST-PAYED, No. 1. THE OTHER, No. 2, etc., in question 1.

State of South Carolina, January 1, 1915.

Given name and date of registration

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

(21) Local Registrar

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

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