

Form No. 1

## (1) PLACE OF BIRTH

County of FlorenceTownship of Trivilleor  
Inc. Town of Trivilleor  
City of Triville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Christopher

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

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

(3) BOY OR GIRL Male(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan. 15, 1921(8) FATHER'S FULL NAME M. L. Barte Jr.(9) PRESENT POSTOFFICE OF FATHER Triville SC(10) COLOR OR RACE Col(11) AGE AT LAST BIRTHDAY 1(12) BIRTHPLACE Triville SC(13) OCCUPATION Storekeeper(14) MOTHER'S NAME BEFORE MARRIAGE Aunie(15) PRESENT POSTOFFICE OF MOTHER Triville SC(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 1(18) BIRTHPLACE Florence Co(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 1(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Grey(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Triville SC

Given name added from a supplemental report

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

(27) Filed Jan. 29, 1921 (28) P. H. Nelson 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.

Form No. 1  
 WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 WRITE PLAINLY. 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.  
 DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4171

Registration District No. 20.15 Registered No. 16

(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 Christopher (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Male(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan. 15, 1921(8) FATHER'S FULL NAME M. L. Barte Jr.(9) PRESENT POSTOFFICE OF FATHER Triville SC(10) COLOR OR RACE Col(11) AGE AT LAST BIRTHDAY 1(12) BIRTHPLACE Triville SC(13) OCCUPATION Storekeeper(14) MOTHER'S NAME BEFORE MARRIAGE Aunie(15) PRESENT POSTOFFICE OF MOTHER Triville SC(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 1(18) BIRTHPLACE Florence Co(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 1(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Grey(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Triville SC

Given name added from a supplemental report

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

(27) Filed Jan. 29, 1921 (28) P. H. Nelson 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.