

Form No. 1

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

28850

## (1) PLACE OF BIRTH

County of AndersonTownship of Savannahor  
Inc. Town of.....

City of.....

Registration District No. 3.11Registered No. 60  
(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 J. D. Pool

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

Sept 22 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Wm. A. Pool

(9) PRESENT POSTOFFICE OF FATHER

Star S.C.

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

22  
(Years)

(12) BIRTHPLACE

Anderson Co

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Emma Balder

(15) PRESENT POSTOFFICE OF MOTHER

Star S.C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

23  
(Years)

(18) BIRTHPLACE

Anderson S.C.

(19) OCCUPATION

Farmer

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

2

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Fannie Shiflet  
Midwife

(25) Address of Physician or Midwife

Star S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 9 22 (28) L. P. J. J. J. 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 RESERVE FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the

N. B.—In case of TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

MOBAY OF COLUMBIA, COLUMBIA, E. C.