

Form No. 1

(1) PLACE OF BIRTH

County of BerkleyTownship of St. Stephensor
Inc. Town of.....or
City of.....

(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. 705File No.—For State Registrar Only
29086Registered No. 93
(For use of Local Registrar)(2) Full Name of Child Louisa Milford

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

(3) BOY OR GIRL? G

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Sept. 17, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Lander Milford

(9) PRESENT POSTOFFICE OF FATHER

St. Stephens

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

50
(Years)

(12) BIRTHPLACE

St. Stephens

(13) OCCUPATION

Farming

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Haines

(15) PRESENT POSTOFFICE OF MOTHER

St. Stephens

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

40
(Years)

(18) BIRTHPLACE

Williamburg

(19) OCCUPATION

Farming

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

5

(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 at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Willie Milford

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife St. Stephens

Given name added from a supplemental report

(26) Witness

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

19
Registrar(27) Filed Sept. 25, 1922(28) M. A. Lloyd
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

MCGRAW HILL, COLUMBIA, N. Y.