

Form No. 1

## (1) PLACE OF BIRTH

County of Beaufort  
 Township of St. Helena  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

37340

Registration District No. 604Registered No. 184  
(For use of Local Registrar)

City of ..... (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 Percilla Mack

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? — (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 28, 1920  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Mack  
 (9) PRESENT POSTOFFICE OF FATHER Frogmore P.O. SC  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 5-2  
 (12) BIRTHPLACE Frogmore place SC  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 2 Two

## MOTHER.

(14) NAME BEFORE MARRIAGE Evelena Warren  
 (15) PRESENT POSTOFFICE OF MOTHER Frogmore P.O. SC  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 33  
 (18) BIRTHPLACE Frogmore place SC  
 (19) OCCUPATION Farmer  
 (21) Number of children of this mother now living, including present birth 2 Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Percilla Mack at 11 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Gibbs

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Frogmore P.O. SC

Given name added from a supplemental report

(26) Witness

Ella Warren

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

(27) Filed

11/20/1920

(28)

J.B. Johnson

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.