

Form No. 1

(1) PLACE OF BIRTH

County of De KalbTownship of North

or Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only
21743Registration District No. 3000Registered No. 36
(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 Charles Macton

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

3) SEX-ON
GIRL girl4) Twin
or Triplet no5) Number in
order of birth 16) Are
Parents
Married no7) DATE OF
BIRTH July 7, 1923

(Month of Month) (Day) (Year)

To be answered only in event of Twin or Triplet

FATHER.

8) FULL
NAME John Macton9) PRESENT
POSTOFFICE
OF FATHER Laurens S.C.10) COLOR
OR
RACE White(11) AGE AT LAST
BIRTHDAY 30

(Years)

12) BIRTHPLACE S.C.13) OCCUPATION Housewife20) Number of children born to
mother, including present birth 1

MOTHER.

14) NAME BEFORE
MARRIAGE E. S. of Schia15) PRESENT
POSTOFFICE
OF MOTHER Laurens S.C.16) COLOR
OR
RACE White(17) AGE AT LAST
BIRTHDAY 11

(Years)

18) BIRTHPLACE S.C.19) OCCUPATION Single(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 born at 109 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hillie Gates(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Laurens S.C.Given name added from a supplement-
al report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed July 2, 1923(28) J. J. Macton

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.