

Form No. 1

(1) PLACE OF BIRTH

County of Galena

Township of Oran

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

19788

Registration District No. 301

Registered No. 22  
(For use of Local Registrar)

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

(2) Full Name of Child Miss Agnew

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

3 Sex girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 25 1923  
(Month) (Day) (Year)

FATHER.

1 FULL NAME Henry Agnew  
2 PRESENT POSTOFFICE OF FATHER Belton DC  
10 COLOR OR RACE  negro  (11) AGE AT LAST BIRTHDAY 36  
12 BIRTHPLACE Anderson Co  
13 OCCUPATION Farming  
20 Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Allie Scott  
(15) PRESENT POSTOFFICE OF MOTHER Belton DC  
(16) COLOR OR RACE  negro  (17) AGE AT LAST BIRTHDAY 31  
(18) BIRTHPLACE Anderson Co  
(19) OCCUPATION Farming  
(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 1020 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Campbell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Aug 10 1923 W. H. Campbell 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.