

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

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

(2) Full Name of Child

File No. — For State Registrar Only

24053

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 134

Registered No. 44
(For use of Local Registrar)

(No. St. Ward)

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 event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married Yes	(7) DATE OF BIRTH Aug 28 1923 (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME Piney Ohin			(14) NAME BEFORE MARRIAGE Minnie Rogers	
(9) PRESENT POSTOFFICE OF FATHER St Paul S.C.			(15) PRESENT POSTOFFICE OF MOTHER St Paul S.C.	
(10) COLOR OR RACE Black	(11) AGE AT LAST BIRTHDAY 31 (Years)	(16) COLOR OR RACE Black	(17) AGE AT LAST BIRTHDAY 31 (Years)	
(12) BIRTHPLACE Chandon Co. S.C.			(18) BIRTHPLACE Chandon Co. S.C.	
(13) OCCUPATION Farmer			(19) OCCUPATION House wife	
(20) Number of children born to mother, including present birth 5			(21) Number of children of this mother now living, including present birth 5	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, at 8 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Rosa Rogers

(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 25 1923

(28)

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.